

JUL 7

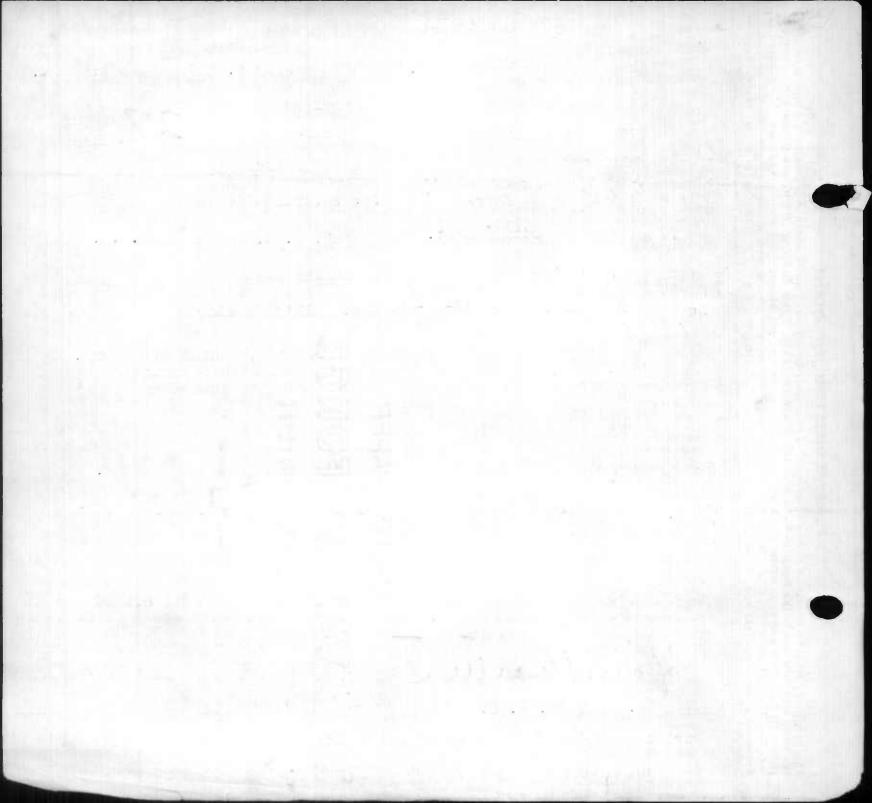
VS 150-REV. 1/1/65

1967

8

Such

	OH	OSOD BALTIMORE CITY	Y HEALTH DEPARTMENT		67 6502	
- 11	BIRTH NO.	6502 CERTIFICA	TE OF DEATH	Registered No	010036	
11.	NAME OF DECEASED			AND HOUR OF DEAT	H	
	Type or Print) Herbert Walte	er Brazier Sr.	Ju:	lv 6.1967	institution: tesidence before admission)	
100	PLACE OF DEATH IN BALTIMORE, MAS	YLAND	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. II OUNTY	institution: lesidence befalo admission)	
	FULL NAME OF (If not in hospital of address or lacation INSTITUTION	or institution, give street)	Maryland c. city or town (autside city limits, wife	RURAL grd give toryship)	
	2706 Bayonn	e Ave	Baltimore			
	OO Baltimore Me	d 14		(If rural, give location)		
		7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Manths Days Haus Min.	
	Male White	WIDOWED, DIVORCED (specify)	Ton 50 7077	last birthday)	Manths Days Haus Min.	
-	OA. USUAL OCCUPATION (Give kind of work	TOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN OF	
	dane during mast of warking life, even if retired)	Balto, Police			WHAT COUNTRY?	
	3. FATHER'S NAME	City Dept.	Wash D.	N A A A E	U.S.A.	
	or lattick 3 mante		14. MOTHER'S MAIDER	ITAME		
	Leonard G. Brazie:	r	Hurley			
1	5. Was Deceased Ever in U. S. Armed Forc Yes, no ar unknown) (If yes, give war ar date:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	2706 Bar	yonne Ave	
Н	No	214-03-1616	Mrs. Nellie	Brazier		
1	18. / 5 2	CAUSE C	F DEATH	21 0 2 1 0 1	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIR	ECTLY			ONSET AND DEATH	
	LEADING TO DEATH	dying, e.g., (A)	Metastatic	carcinoma	of 3 yrs.	
	heart failure, asthema, etc. II means the disease, Large Dowel With colostomy					
	injury at camplication which caused		Multiple li	ver absces	sses	
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if a					
	UNDERLYING CONDITION last.	sturing the (C)				
	- 11					
	OTHER SIGNIFICANT CONDITIONS CO	TED TO THE				
	DISEASE OR CONDITION CAUSING IT	[20A. AHTOPSY? (Yes, or	Not 208 IF YES WED	E ENDINGS CONSIDERED	
1	WAS PERF	ORMED	To Adjorsi ites of	IN CERTIFYING C	E FINDINGS CONSIDERED :AUSES OF DEATH?	
	Jul. 64 & May 67	21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DI	D (If in Baltim	ore City, give exact location)	
1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	hame, laim, foctory, stieet, o	office bldg., INJURY OCCUR	?		
	O 21 D. TIME (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F HOW DID	INJURY OCCUR?		
	OF INJURY (APPROX.)	While At Not Whi		INJURY OCCUR:		
1		Waik At Work				
	22. I certify that (I) (this haspital)				у 6, 1967 19	
	that (1) (we) last saw the decease	d clive on May b, 1967	19onc	that in (my) (aur) o	pinian deoth occurred on the dote	
	and haur and fram the causes stat					
	23A. SICNATURE	N		5. "	23 B. DATE SIGNED	
	/ Anulle	M.D. All	ending Med. Director	Staff Phy s.	\$ 7/7/67	
	23C. HYNICIAN'S NAME (Type)		23D. ADDRESS			
1	Hans J. Koetter,	M. D. M.D.	5600 Harfo	rd Road		
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of CR	EMATORY 240		(City, town, at county) (State)	
	Burial 6/10/6	7 Gardens Of Fai	th Cem	rumps Rd	Balto Ad	
	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS .	
	JUL 7 1967 (6	0988 Fallina			IARFORD RD	



a hospital and

		BALTIMORE CITY	HEALTH DEPARTMENT	et in .
BIRTH NO.	67	6503 CERTIFICA	TE OF DEATH Registered No.	67 6503
M.E. CASE NO.	ASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	Otis	Gunn		
3. PLACE OF DEAT	TH IN BALTIMORE, MAR	YLAND	July 4, 196 4. USUAL RESIDENCE (Where deceased lived, If it A. STATE B. COUNTY	nstitution: residence before admission)
FULL NAME OF	(If not in hospital a	ar institution, give street	Maryland	, , , ,
HOSPITAL OR addiess or location) INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside city limits, write	RURAL and (ve townstra)
20		sion Street	Baltimore D. STREET ADDRESS (If juris), give location)	14
34		, Maryland 21217		
5. SEX		7. MARRIED, NEVER MARRIED	2213 Druid Hill Av	
Male	Negro	WIDOWED, DIVORCED (specify) Married	June 7, 1910 9. AGE (In years lost birthday) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
INA. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Jone during most of we	orking life, even if refired)		Virginia , Danville	U. S. A.
3. FATHERS NAM	E		14. MOTHER'S MAIDEN NAME	0. D. A.
	NDER GUNN	114 500:11	FANNIE BELL	ADDOCCO
Yes, no or unknown)	(If yes, give wor or doles	of service) SECURITY NO.	17. INFORMANT	ADDRESS
		215-05-8106	Dorothy Garland-daughter	same
1B. LL 9 :	? V I	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIR	ECTLY	D.	ONSEL AND DEATH
	EADING TO DEATH	(A)	//nermona	
(This does no				
	I mean the mode of	dying, e.g., DUE TO		
heart lailure, o	I mean the mode of sthenia, etc. II means dicotion which caused	dying, e.g., DUE TO the disease,		
heart lailure, o injury ar camp	sthenia, etc. II meons dicotion which caused	dying, e.g., DUE TO the disease, death.)		
heart laiture, o injury or comp	ostheria, etc. II meons dicotion which coused NTECEDENT CAUSES	dying, e.g., DUE TO the disease, death.) (B)		
heart laiture, o injury or camp A DISEASES OF rise to the	istheria, etc. II means olication which caused NTECEDENT CAUSES R CONDITIONS, it a obove cause (A)	dying, e.g., DUE TO the disease, death.) (B) DUE TO		
heart laiture, o injury or camp A DISEASES OF rise to the	osthema, etc. II means dication which caused NTECEDENT CAUSES R CONDITIONS, it a	dying, e.g., DUE TO the disease, death.) (B) DUE TO		
heart laiture, o injury or camp A DISEASES OF rise to the	istheria, etc. II means olication which caused NTECEDENT CAUSES R CONDITIONS, it a obove cause (A)	dying, e.g., DUE TO the disease, death.) (B) DUE TO		
heart lailure, a injury at camp A DISEASES OF rise to the UNDERLYING	istheria, etc. II means oblication which caused NTECEDENT CAUSES R CONDITIONS, it a obove cause (A) CONDITION last.	dying, e.g., DUE TO he disease, death.) (B) DUE TO he disease, death.) (Iny, giving stating the (C) DUE TO he disease, death.)		
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heart lailure, or injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFITOTHE DEL DISEASE OR CO	isthemia, etc. II means solication which caused NTECEDENT CAUSES R CONDITIONS, if a obove cause (A) CONDITION last.	dying, e.g., the disease, death.) (B) DUE TO OUT, giving stating the ONTRIBUTING TED TO THE L. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	
NOOTHER SIGNIFIT TO THE DEL DISEASE OF CO.	Interest of the control of the contr	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stoling the ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
NOOTHER SIGNIFIC TO THE DESCRIPTION OF CONTRIBUT OF CONTR	In the state of th	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stoling the ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
NOOTHER SIGNIFITO THE DESCRIPTION OF CONTRIBUTION OR CONTRIBUT	In the state of th	dying, e.g., the discose, death.) (B) DUE TO Iny, giving stating the ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA The property of the control of	FINDINGS CONSIDERED
NOTHER SIGNIFITOR TO THE DESTANCE OF TO THE DESTANCE OF CONTRIBUTE OF CONTRIBUTE OF INJURY	INTERCEPTION S, II of the course of the cour	dying, e.g., the discose, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA The property of the control of	FINDINGS CONSIDERED
NOOTHER SIGNIFITO THE DESCRIPTION OF CONTRIBUTION OR CONTRIBUT	In the state of th	dying, e.g., the discose, death.) (B) DUE TO Iny, giving stating the ONTRIBUTING TED TO THE DITION FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA n or obout 21C. WHERE DID flice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED
Mearl lailure, or injury or camp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFIT TO THE DE. DISEASE OR CONTRIBUT OR CONTRIBUT DEATH (notify r OF INJURY (APPROX.)	In the state of th	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED White At Nat White	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA n or obout 21C. WHERE DID flice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location)
NOTHER SIGNIFIT TO THE DE. DISEASE OF OTHER SIGNIFIT TO THE DE. DISEASE OR CO. 19A. DATE OF OR CONTRIBUT DEATH (notify r. 21D. TIME OF INJURY (APPROX.)	In the man of the man	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Nat While Work Outland AI Work	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA n or obout 21C. WHERE DID (If in Boltimo 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
NO OTHER SIGNIFITO THE DESTANCE OF INJURY (APPROX.) People of the UNDERLYING OTHER SIGNIFITO THE DESTANCE OF COUNTRIENT OR CONTRIBUTE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.)	shenia, etc. II means slication which caused NTECEDENT CAUSES R CONDITIONS, if a obove cause (A) CONDITION last. IIICANT CONDITIONS CONTINUES CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING TO TWAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this haspital) ast saw the deceased	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While AI Work AI Work at Work at work at work and dalive an JULY 4.	20A. AUTOPSY? (Yes or No) yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19.67 and that in(my) (aur) ap	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location)
NOOLE SIGNIFICATION OF CONTRIBUTE OF INJURY (APPROX.) Pearl loilure, or injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFICATION OF CONTRIBUTE OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 210. TIME OF INJURY (APPROX.)	In the causes stated from the causes stated for the causes stated from the causes stated from the causes stated in the cause stated	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Nat While Work Outland AI Work	20A. AUTOPSY? (Yes or No) yes n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19.67 and that in(my) (aur) ap	FINDINGS CONSIDERED AUSES OF DEATH? THE City, give exact location) 19 67 Inian death occurred an the date
NO OTHER SIGNIFITO THE DESTANCE OF INJURY OF INJURY (APPROX.) 121. A CCIDENT OR CONTRIBUT DEATH (nofity or Injury (APPROX.) 122. I certify that (I) (we) I	In the causes stated from the causes stated for the causes stated from the causes stated from the causes stated in the cause stated	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While AI Work Outloned the deceased from death of the deceased from dece	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA The property of	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) 19.67 inian death occurred an the data
NOTHER SIGNIFITO THE DEL DISEASE OF CONTRIBUTOR CONTRI	In the causes state In the cause of the cau	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE Interpretation of the common or the common	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA The property of	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) 19.67 Inian death occurred an the date
NOTHER SIGNIFITO THE DE. DISEASES OF rise to the UNDERLYING OTHER SIGNIFITO THE DE. DISEASE OR CONTRIBUTOR CONT	In the causes state In the cause of the cau	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE Interpretation of the common or the common	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA The property of	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location! 19 67 inian death occurred an the date
NOOLE SIGNIFICATION OF CONTRIBUTE OF INJURY (APPROX.) Pearl loilure, or injury or comp A DISEASES OF rise to the UNDERLYING OTHER SIGNIFICATION OF CONTRIBUTE OF CONTRIBUTE OF CONTRIBUTE OF INJURY (APPROX.) 210. TIME OF INJURY (APPROX.)	In the causes state In the cause of the cau	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE Interpretation of the common or the common	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA The control of the	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) 19 67 inian death occurred an the date 238. DATE SIGNED July 5, 1967
NOTHER SIGNIFITO THE DESCRIPTION OF CONTRIBUTE DEATH (notify to 1) That (1) (we) I and haur and 23A. SIGNATUR 24A. BURIAL CREM	In the cause state In the cause of the cause state of the cause of th	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Not While AI Work Ontended the deceased fram deceased fram deceased dalive an July 4. ed above. (1) (We) (did) (did nat) very constant of the physical street of the deceased fram deceased dalive an July 4.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA The property of	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location) 19 67 inian death occurred an the date 238. DATE SIGNED July 5, 1967
NOTHER SIGNIFITOR THE DELEGATE OF CONTRIBUTE OF INJURY (APPROX.) 21 A. ACCIDENT DEATH (notify that (i) (we) I and haur and 23 A. SIGNATUR NAME (Typ.)	In the cause state In the cause of the cause state of the cause of th	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) Into To THE (C) 218. PLACE OF INJURY (e.g., inhome, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED (C) While Al (C) While Al (C) Attended the deceased from (C) d alive an (C) M.D. Attended the deceased from (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA yes nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? and that in(my) (aur) ap riew the bady after death. 22D. ADDRESS 1514 Division Street-Bal EMATORY 24D. LOCATION CO.	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion) 19 67 inian death occurred an the date 23B DATE SIGNED July 5, 1967 timore, Maryland(:
NOTHER SIGNIFITO THE DESCRIPTION OF CONTRIBUTE OF INJURY (APPROX.) 21A. ACCIDENT OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Tys)	In the causes state In the cause of the causes of the causes of the cause of the causes of the causes state of the causes state of the causes of the cause of the cause of the causes of the cause of the cause of the causes of the cause of	dying, e.g., the disease, death.) (B) DUE TO Iny, giving stating the (C) ONTRIBUTING TED TO THE (C) ORMED 218. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.) (Hour) 21E. INJURY OCCURRED While AI Nat While AI Work O attended the deceased fram (d) alive an JULY (d) did (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	20A. AUTOPSY? (Yes or No) yes nor obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1967 to Ju 1967 and that in(my) (aur) ap riew the bady after death. 23D. ADDRESS 1514 Division Street-Bal EMATORY 24D. LOCATION (Compared to the street of	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locotion 19 67 inian death occurred an the date 238 DATE SIGNED July 5, 1967 timore, Maryland(:

Burial 7-8-25A. DATE REC'D BY HEALTH DEPT. JUL 7 196 1967 VS 150-REV. 1/1/65

Mount Auburn Cemetery

258. NAME OF REGISTRAR

PLUE 2. JULIAN MORTON MORTON & DYETT F.H

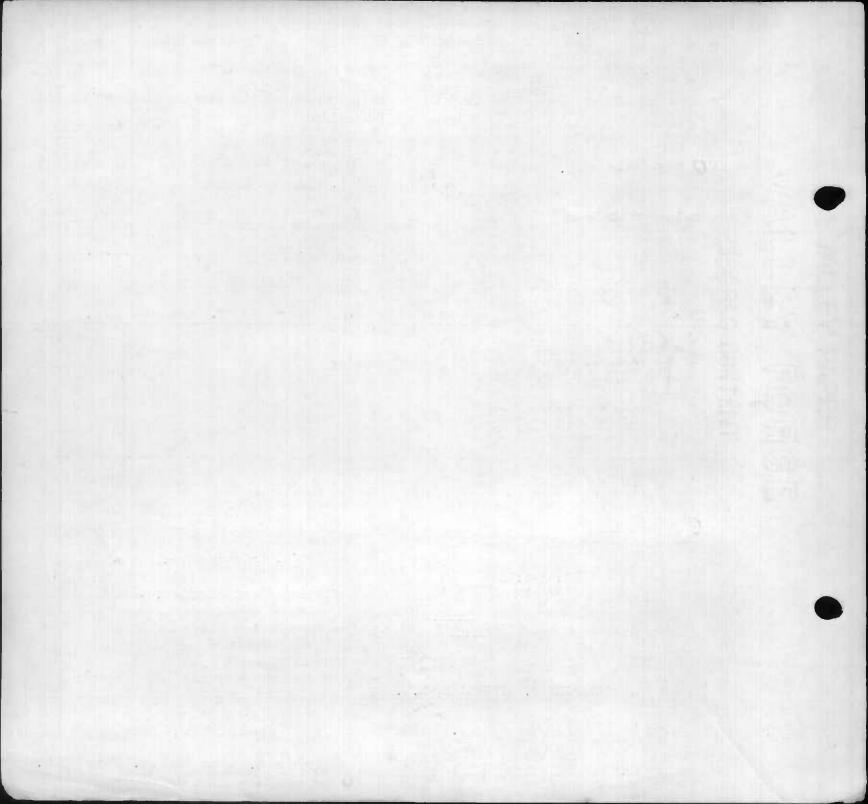
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67 6504

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6504 BIRTH NO.

M.E. CASE	NO.							
1. NAME (Type or Pri	OF DECEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
		STEVEN	CLARK		7-6-67			1:50 PM M.
3. PLACE I	N BALTIMORE, MARYLA	ND, WHERE PRONOU	NCED DEAD	A, STATE Marylan	d Where dec	eased lived. Il institu B. COUN	ution: res	dence belare admission)
FULL NAM HOSPITAL INSTITUTIO	OR ADDRESS OF	HOSPITAL OR INSTITU R LOCATION)	TION, GIVE STREET			arparote limits, write	RURAL	and give township)
				Baltimo	re	/	0	-03
007	700 Fleet S	t.		D. STREET ADD	RESS (II rurol, gi	re lacation)		
				14 S. F	reemont A	venue		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	TH	9. AGE (In years lost birthday)	II Unde Manths	TYr. II Under 24 Hrs. Days Haurs Min.
Mal	e Colore	ed Neve	r Married	8/14/5	7	5 9		
	L OCCUPATION (Give king mast of warking life, even if	d of work 10B. KIND OF		RY 11. BIRTHPLACE	(State ar foreign o	a untry)	12. CITIZ	EN OF
-	chool.	relifed)		Mar	yland		U.	
13. FATHER	'S NAME			14. MOTHER'S M	AIDEN NAME			DAS.A
D-				Tomas	1074 7 7 7 4 0 0			
	andolph Cleceased ever in u.s.	ARMED FORCES?	16. SOCIAL	Lamee 17. INFORMANT	William	18	ADDRES	S
(Yes, na ar v	nknown) (II yes, give war		SECURITY NO.	_				
No	9		None	Lamee	Clark 14	S. Frem	ont	Ave.
1B.	959		CAUS	SE OF DEATH				INTERVAL BETWEEN
-	DISEASE OR CONDITI	ON DIRECTLY						ONSET AND DEATH
	LEADING TO		(A) I	Drowning				
(This	daes not mean the m t failure, asthenia, etc. t	nade of dying, e.g.,	DUE TO					
injur	y or camplication which	caused death.)						
	ANTECEDENT (Allee						
DIS	EASES OR CONDITION		(B) DUE TO					
RISE	TO THE ABOVE CAUSE	(A) STATING THE	DOE TO					
	DERLYING CONDITION	LAST.	(C)					
<u>ō</u>								
ATO OTH	II IER SIGNIFICANT COND	ITIONS CONTRIBUTION	IG					
OI TO	THE DEATH BUT N	OT RELATED TO TH						
<u> </u>	EASE OR CONDITION C.		WILCOL ORGANICAL	COA ALIXODO	VA /V N 100	TE VEC LUEBE CINI	DINIOS	ONGIDENCE
H 19A. D		B. CONDITION FOR V	WHICH OPERATION	20A. AUTOPS		CERTIFYING CAUS		
. (VYCONIAL CALLES 14/46			No				
O UNDER	XTERNAL CAUSE WAS	21 B, 1	form, foctory, street,	, in ar about 21 C. affice bldg., INJUR	WHERE DID (IF)	n Baltimare City, giv	e exact	acatian)
UNDER	CAUSE OF DEATH.	etc.)	Harbor	5	00 S. Cal	vert Stree	+	22-11
∑ 21D TI	ME (Manth) (Day)	- (Year) 4Haur)- 2	E. INJURY OCCURRED		OW DID INJURY	O C C LLD2		
OF INJ	URY	1:35-1:45	nuis at — North			Fell		vater while
22.	7 6	'67 PM m. W	ORK AT	work X pla	ying alon	g water ed	ge.	
	I certify that I held	on Inquiry	Inspection X A	utopsy	nd that on this	bosis, death in m	y opinio	n
	resulted from: Natu	rol couses A	ccident X Suici	de Homic	ide Und	determined monne	r 🗌	
	On	0). 1	CHIEF	EDICAL EXAM	AINER		
	CTUAL /		-0-1	D. ASSISTANT M	EDICAL EXAL	INER X		DATE SIGNED
	GNATURE	244.07	M.					7-6-67
	XAMINER'S AME (Type) CHAI	RLES S. SPRI	NGATE, M.D.	ASSOCIATE	MEDICAL EXA	MINEK		7-0-07
	AL CREMATION, 23B. D		C. NAME OF CEMETERY	or CREMATORY	23 D. LOC	ATION (City,	town, or	county) (State)
	rial 7	/10/67	Mt. Aubur	n	Ba"	Ltimore.	Mary	lond
	REC'D BY HEALTH DEP		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	, , , ,	7	ADDRESS
	1111 7 1	067 100 8	- 8 Stalleum	1 0:	2	003	122	D 01
	JU1	and history		Cha	ries A.	Rice 661	VV .	Barre St.



					HEALTH DEPARTMEN	IT	CH	0505
BIRTH	I NO.	67	6505	CERTIFICA	TE OF DEAT	H Registered No.	67	6595
	CASE NO.	ED				E AND HOUR OF DEATH		
	or Printi		IARRY I			JLY 5, 1967	1	11:05 Pm.
3. PL		IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived, II in	nstitution: reside	
		44			MARY LAND			
H	JLL NAME OF	(If not in hospital oddress or location		give street		(If outside city limits, write	RURAL and air	we township!
	T AGNE	S HOSPITA	A.I.		BALTIMORE		2 1	-04
1) -		D WILKENS		IFS	D. STREET ADDRESS	(If rurol, give location)	<u> </u>	
_		E, MD, 21		, , ,	1001 WALK	UT_AVENUE		
5. SE	X 6.1	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Months Do	Yr. If Under 24 Hrs.
M	IALE	WHITE	MA	RRIED (specify)	2/01/88	79	Wildings Do	, , , , , , , , , , , , , , , , , , , ,
		TION (Give kind of working file, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN WHAT	OF COUNTRY?
	NKNOWN	ang me, even in terree,	C 5 1	TELEPHONEC	D. MARYLAN	ID	U	
	ATHER'S NAME		U G	TELETHONEC	14. MOTHER'S MAIDEN	NAME		3 A
11	NKNOWN		DEC	1D	MARY F (MAIDEN NAME	HNKNO	WN) DECID
15. W	os Deceosed Eve	er in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT			ENS AVES.
(Yes,	UNKNOWN	yes, give wor or dot	es of service)	212 10 08	SE HOSPITAL	RECORDS-ST		
1	8. 4/ -	110		CAUSE OF		, KEOOKOO OT		ERVAL BETWEEN
	700	OR CONDITION DI	RECTLY				ON	SET AND DEATH
		ADING TO DEATH		Arter	ial Thromb	osis Left leg	5-23	3-67.
		meon the mode of henio, etc. It meons		DUE TO		m neg. Rods.	5	- 1: 7
		otion which coused		SEPLI	Lemia Journ	Williams, Koos.	7-3	- 6 /
	AN'	TECEDENT CAUSES	5	DUE TO	t tailure	00 000 000 000 000 000 000 000 000 000		• • • • • • • • • • • • • • • • • • •
		CONDITIONS, if			1 0 0-1	/		
		obove couse (A)	sloling the	1010en ev	alized Arle	V1050/Q10515		*********
-		- 11						
Z		ANT CONDITIONS						
CATION		TH BUT NOT REL. NDITION CAUSING	IT.					
FIC	9A. DATE OF OF	PERATION 198. CON	FORMED	WHICH OPERATION	Δ.	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDERED
	6-1-67	WAS UNDERLYING		Lower extrem				
2	OR CONTRIBUTION	IG CAUSE OF		B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of	fice bldg., INJURY OCCU	IR?	re City, give e:	roct locotion)
O	DEATH (notify me							
3	OF INJURY	fonth) (Doy) (Year)		E. INJURY OCCURRED hile At Not While		DINJURY OCCUR?		
[ˈ	APPROX.)		w	ork At Work				
2	22. I certify the	ot 🕅) (this hospita	1) attended	the deceased from M	AY 23,	19 67 to JU	LY 5,	1967.
1	hat ()((we) la:	st saw the deceas	ed alive an	JULY 5,	196.7 or	nd that In (mXX (our) op	inion death o	occurred on the date
	and hour and fr	om the couses sta	ted above.	(I) (We) (did) (dXXXXX	iew the body ofter de	oth.		
2	3A. SIGNATURE	70	4	0			23B. DATE S	IGNED
	Carl	4//	latt	Mey M.D. Atte	nding Med. Director	Stoff Phys.	1-6-	-67
2	3C. PHYSICIAN'S				3D. ADDRESS			
	NAME (Type	CARL H MA	TTHEY	M.D.	CATON & W	ILKENS AVE.	BALTO	MD
24A.	BURIAL CREMA	TION, 248. DATE	24C. N	AME of CEMETERY or CRE	MATORY 2	4D. LOCATION (C	ity, town, or co	ounty) (Stote) —
	Burial Spec	7/8		Lorraine Pk.		Balto., Md.		
25A.	DATE REC'D BY			OF REGISTRAR	25C. FUNERAL DIRE	CTOR.		ADDRESS
	JI	UL 7 1967	A 09 8	10 K. A.	Witzke F.	D 4101 Ed	mondson	
VS 1	50-REV. 1/1/65	- 1001	MINER	C. MONSON TO				

1. NAME () 经国际管理

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CLEVAN ICENSESSET FIRE

T. TI. ZIII ZZYZDU .T. MIN DI ZII ZI ZIZI .IZUUFE LIZI ZIZI . U. ZIZI . ultawer Erni - 31

DELIC CONTRACTOR OF THE TANK OF LEGISLAND

LATTE TO USES HUSEFILM HER ROLL OF ALER ROSEFFE

ON DIE T LEWE STEEL A & S LOT C . . . YENTY ON A LEID

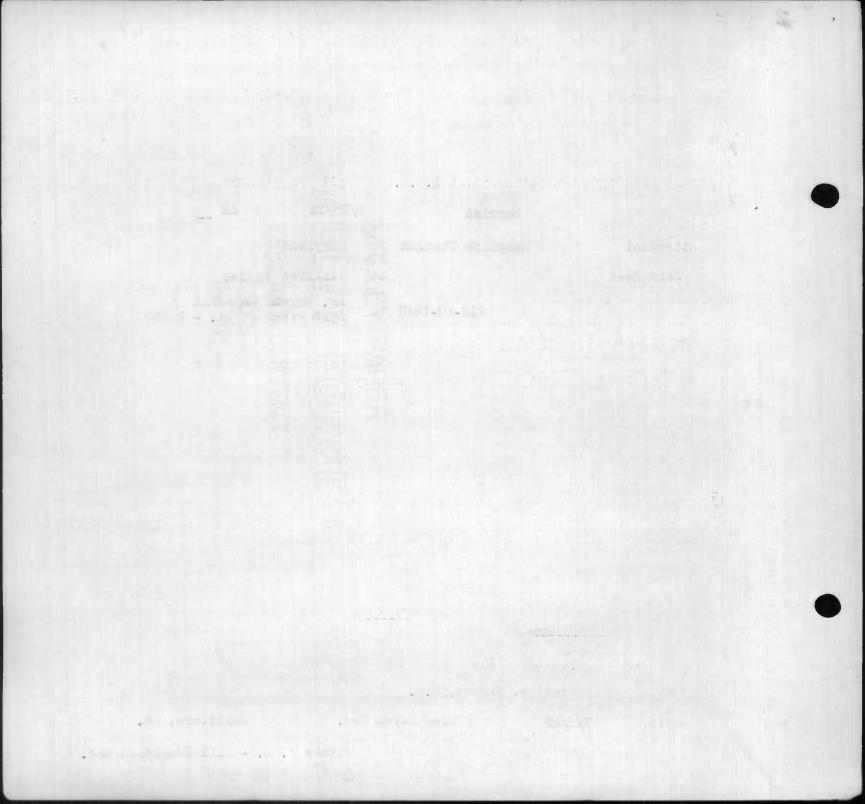
BIRTH NO.

67 6506

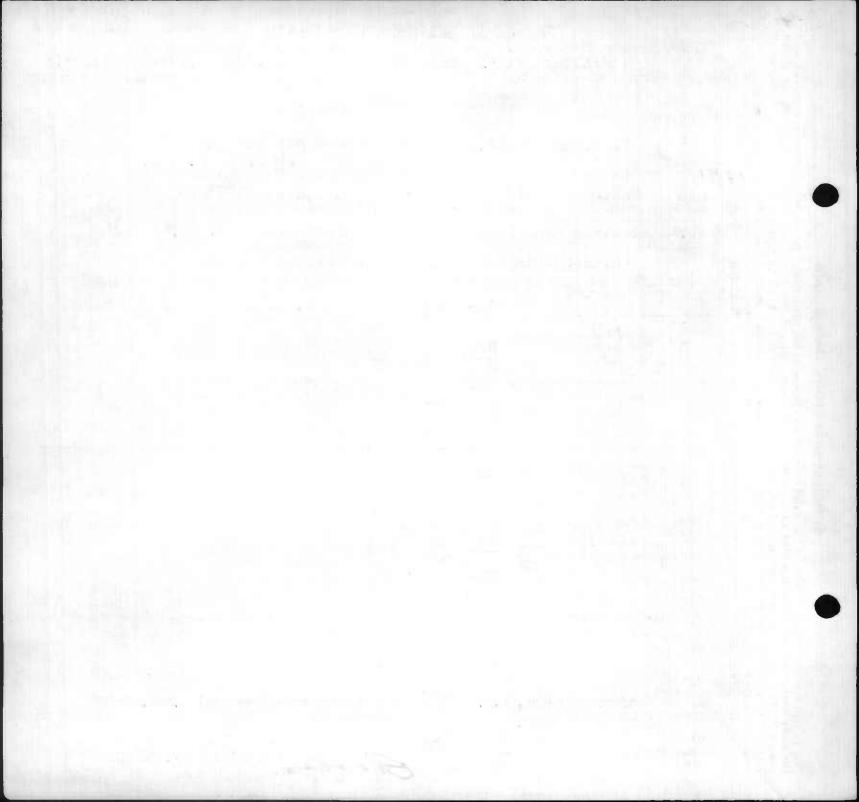
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6506

M.E. CAS	E NO.							
1. NAME (Type or F	OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
	ELMER REEL		JNCED DEAD	4. USUAL RESID	July ENCE (Where de	2, 1967	itution: residen	11.26 pM.
			4. USUAL RESIDENCE (Where deceased lived. If institution: residence builded oddingstion) A. STATE Maryland					
HOSPITAL	OR ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL ond	give township)
13				Baltimor		ive locotion)		2-00
Sou	th Baltimore Gen	eral Hos	pital D.O.A.	5714	Maggie	Street	MA	gie of
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		Q AGE (In years		Yr. If Under 24 Hrs.
1/a1 a	TTL:	Marr		9/23/18		last birthdoy)	TVIONINIS DO	75 110013 14111.
	White		BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	country)	12. CITIZEN	
	most of working life, even if relired tendant	Gasol	ine Station	Mary	land		WHAT	SA
	R'S NAME	42002	2.10 - 10 12 11	14. MOTHER'S M.			1	
	John Reed			Lil	lian Mil	ler		
15. WAS E	DECEASED EVER IN U.S. ARM I	ED FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT	Eugene C	ennelli	ADDRESS	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		218-07-0802			t St 212	230	
1B.	1/221		CAUSE	OF DEATH	TTerpon	0 00 212		TERVAL BETWEEN
1	120,11						01	NSET AND DEATH
	DISEASE OR CONDITION I	DIRECTLY	The state of the s	ombosis o	f wicht	w w		
hec	s does not meon the mode of foilure, asthenia, etc. It means or complication which cause	ns the discose.	DUE TO ar	ombosis o	rr.rgiir	coronary		
DIS	ANTECEDENT CAUS		(B) DUE TO					*************
RIS	E TO THE ABOVE CAUSE (A) DERLYING CONDITION LAST	STATING THE	DOE 10					
	DENETHIO CONDITION LAS		(C)					
12	ll l							
OI TO	HER SIGNIFICANT CONDITION THE DEATH BUT NOT R SEASE OR CONDITION CAUSIN	ELATED TO T		00000000000000000000000000000000000000				
¥ 19A. [ATE OF OPERATION 198, CC		WHICH OPERATION	20A. AUTOPSY		B. IF YES, WERE FIR		
0 2	Change and the second	RIORIVIED		YES	"	CERTIFIENO CAU	YES	
₹ 21 A. UNDE	EXTERNAL CAUSE WAS RLYING OR CONTRIB-		PLACE OF INJURY (e.g., form, foctory, street, o			in Boltimore City, gi	ve exoct locot	ion)
W	CAUSE OF DEATH.	etc.)						
21 D		or) (Hour) 2	TE. INJURY OCCURRED	21 F. H C	W DID INJUR	Y OCCUR?		
OF IN			WHILE AT NOT	WHILE				
22.	I certify that I held on	Inquiry 🗌	InspectionAut		that on this	basis, deoth In m	ny opinion	
	resulted from: Notural c	ouses X	Accident Suicide	e Homici	de Un	determined manne	br 🗌	
			1	CHIEF ME	EDICAL EXA	MINERX		
	CTUAL /	Mine	ren 40	ASSISTANT MI	EDICAL EXA	MINER .		DATE SIGNED
	IGNATURE			ASSOCIATE M				
1		11 S. Fi	sher, M.D.				uly 3,	1967
	AL CREMATION, 23B. DATE		C. NAME of CEMETERY o	CREMATORY	23D. LO		town, or cour	
	Surial 7/6/6	57	Glen Have	n Cem.	1.00	Baltimore,	Md.	
24A. DAT	E REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERA	AL DIRECTOR			DRESS
	JUL 7 1967	P. D. F	+ E tarbey MA	Witzk	e F. D.	- 4101 Edm	ondson	Ne.
	1051 1001	hocen	5700	245	1 0			



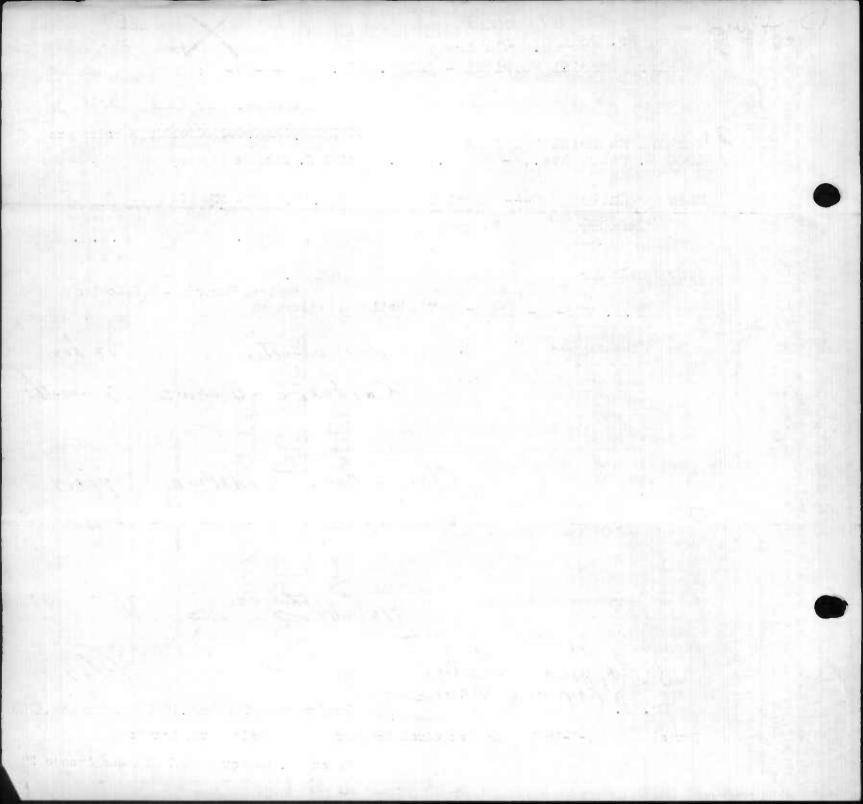
	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67 6	507 CERTIFICA	TE OF DEATH	Registered Na	67 6517
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
	son McKINZEY		uly 6,1967	M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived, if instil	ution: residence before odmission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give street		ide city limits, write RUS timore 212	
00 23 E. Ostend	St.	D. STREET ADDRESS (If ru	orol, give locotion) Ostend St	
Male White Mar	RIED, NEVER MARRIED DWED, DIVORCED (specify) TIEQ	Apr.17,1894 "	73	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if relired) Ret. Maintenance Man L	aundry	11. BIRTHPLACE (Stole or foreign Prince George		USA
Wm. Benjamin	Mckinzey	14. MOTHERS MAIDEN NAM Catherine Lo		
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dates of serv	16. SOCIAL SECURITY NO. 217-01-3969	Pearl L. McKi	nzey (Wife	ADDRESS Same
18.4.4	CAUSE OF		2	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) My	scardent by	fa lien	30 monutes
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or complication which coused death.) ANTECEDENT CAUSES		tero cleuddi	HD	15 gens
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION lost.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	ar obout 21C. WHERE DID	(If in Baltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID INJU	RY OCCUR?	1 1
22. I certify that (I) (this haspital) attend that (I) (yet last saw the deceased alive	/ / /	/	t in (my) (out apinio	July 19 19 19 19 19 19 19 19 19 19 19 19 19
and have and from the causes stated above 23A. SIGNATURE			itoff Phys	July 7 1967
23C.PHYSICIAYS NAME (Type) Benjamin Berdann, I		23D. Address 615 Hammonds Lar	()	d. 21225
24A. BURIAL CREMATION, 24B. DATE MON. 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City,	town, or county) (Stote)
Burial July 10 6	7. Cedar Hill	L Cem Broo	klyn A A C	
25A. DATE HC'D TO TO THE DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		EVANSADDRESS St. 21230
VS 150-REV, 1/1/65		1 10 3 tanh	D OHALTES	DO ETEOU



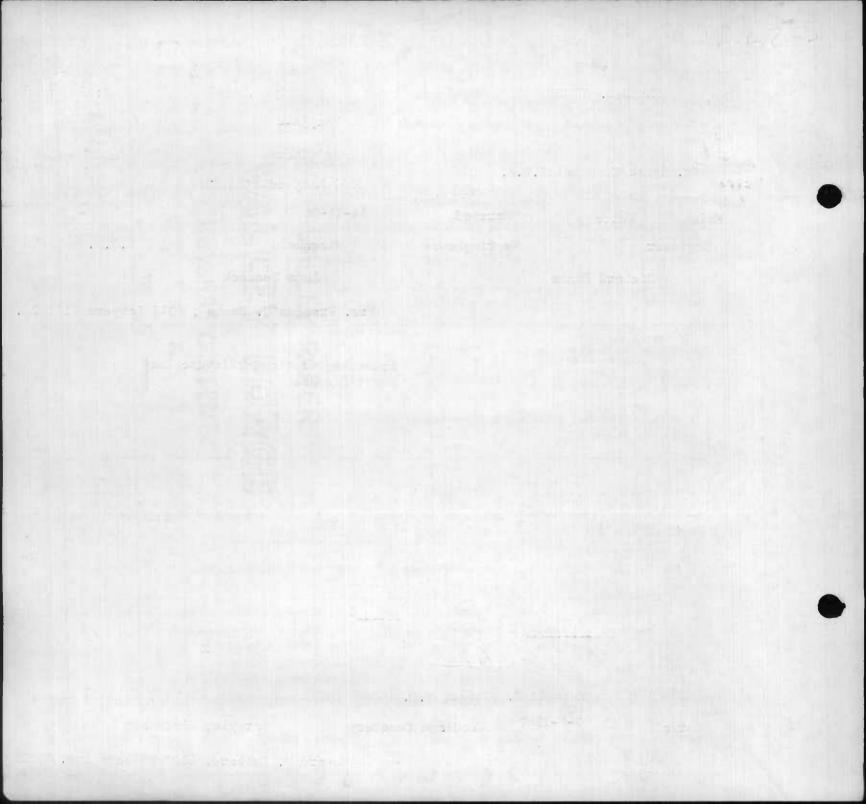
				BALTIMORE CITY	HEALTH DEPARTMENT		CH CEOP
	H NO.		67 63	CERTIFICA	TE OF DEATH	Registered Na.	67 6598
1. N	AME OF DEC	EASED			2. DATE AN	ND HOUR OF DEATH	
	o or Print)	HULTZ,	FRANK		JUL	y 6, 1967	#:55 PM.
3. P	LACE OF DEA	TH IN BALTIN	FRANK ORE MARYLAND		4. USUAL RESIDENCE (Who	ere deceased tived. If in	stitution: residence before admission)
	ULL NAME O		n haspital or institut	ion, givo street	MARYLAND		1
	HOSPITAL OR	oggress	or lacotion)		C. CITY OR TOWN (If our BALTIMORE	St.	RURAL and give (dwnship)
3	SCHURC	H HO	ME d	HOSPITAL	D. STREET ADDRESS (III	rural, give location)	
5. S	FX	6. RACE	7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr If Under 24 Hrs.
	MALE	WHITE	WIDO	MARRIED (specify)	3-11-93	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or ford	oign country)	12. CITIZEN OF WHAT COUNTRY?
		working life, even — <i>QETIRED</i>	- CURTS BA	V	MARYLAN.	D	U.S.A.
	FATHER'S NAM		CACIO CH	<u> </u>	14. MOTHER'S MAIDEN NA		0.4 54711
	MIKE	E Se	CHULTZ		ANNA		
15. Yes	Was Deceased , no or unknown	Ever in U. S.	Armed Forces? vor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			217 14 0953	Mrs. Lillian M	. Schultz	10 N. Curley St.
	DISEAS	O. O I	TION DIRECTLY	CAUSE O	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO		IN ICUC	TE PULHODARY	EDEMA	
	heart failure,	asthenia, etc.	made of dying, Il means the dise h caused death.)				
		ANTECEDENT		(B) ARTE	ERIOSCLEROTIC HE	ART DISEASE	
			NS, if any, gi	DUE TO			
	rise to the		use (A) slaling				
		- 11					
TION	TO THE D	FICANT COND EATH BUT N CONDITION C	OITIONS CONTRIBLE	JTIN G THE			
CERTIFICATION		OPERATION		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N.	o) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDEN	NT WAS UNDE	RLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	e City, givo exact locotion)
CAL	OR CONTRIBU	TING CAUS	EOF	homo, form, foctory, street, o	ffice bldg., INJURY OCCUR?		o only, get o case reconom
_	21 D. TIME	(Month) (Do	y) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
×	(APPROX.)			While AI Not While Work At Work			
				ed the deceased fram	July 3	19 67 to 8	nly 6 19 67.
				an July 6	19.47and th	nat in (my) (<u>ou</u> r) api	nian death accurred an the date
	23A. SIGNATU		uses stated abov	e. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
			on Z. Virg	Pore M.D. All	onding Med.	Staff Phys.	
	23C. PHYSICIA				23 D. ADDRESS	Phys.	July 6, 1967
	NAME (T	YPO) PORAZON	Z. YEN			ME & MOSPIT	TAL CTIMORE KARYLAND ity, town, or county) (Stole)
24A	BURIAL CRE	MATION, 24B.	DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ily, town, or county) (Stole)
	Burial	opocity)	/10/1967	Oak Lawn (em		altimore, Ma	
-	DATE REC'D	BY HEALTH D	DEPT. 25B. NA	ME OF REGISTRAR	ZOO! TOTTERNE DIRECTO.	•	
	J	UL 7 1	967 Ole	62. Falkina	John A. Moran	Inc. 3000	E. Baltimore St.
VS	150-REV. 1/1/6	65					

- Cor- 18

9	67 6	A10	HEALTH DEPARTME		8867 6509
1	M.E. CASE NO. Mr. John W. Do	CERTIFICA	TE OF DEA		
	I.NAME OF DECEASED W. De. (Type of Pint) Jenkins Memorial Hosp:			ATE AND HOUR OF DEATH	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	IVAL - DALLO.	4. USUAL RESIDENC	E (Where deceased lived, If instit, COUNTY	ution: residence before admission)
	FULL NAME OF (If not in hospital or institution	on, give street			9.9.0
	HOSPITAL OR oddiess or location) INSTITUTION	, g.,		Imore, Maryland	
9	Jenkins Memorial Hosp:		D. STREET ADDRESS		XXX Baltimore
	1000 S. Caton Ave. n -			Ritchie Highway	32-00
	WIDO	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) , A	If Under 1 YI. If Under 24 Hrs. Nonths Doys Hours Min.
	Male White Wid	Married OF BUSINESS OR INDUSTRY	Oct. 5.	1892 - XX 74	12. CITIZEN OF
	done during most of working life - even if retired)	Railroad			WHAT COUNTRY?
	13. FATHER'S NAME		Renovo, I	Penna. EN NAME	U.S.A.
2	Honor Dollahan		T	77.	
3	Henry Delcher 15. Was Deceased Ever in U. S. Armed Foices? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL	17. INFORMANT MA	. Hayes edical Records - 1	M D ADDRESS
2	S.S. 705-07-647	A COOMED Pot			LI D VOUTEL
	18. 7 92XI	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	4	0	A.	12 6
	(This does not mean the mode of dying, e	i.g., DUE TO	numo	utic a « ucabuess	1 / 1 / 5
2	heort foilure, osthenio, etc. It means the diseo injury or complication which coused death.)	se,	2 6	6	2 4
0	ANTECEDENT CAUSES	DUE TO	a CREXI	L & Wan uess	a would
	DISEASES OR CONDITIONS, if ony, given is a lo line obove couse (A) stoling	. *			
2	UNDERLYING CONDITION loss.				### ##################################
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING 6	4		
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		Brain	Syndrome	Xears
		OR WHICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING CAUS	DINGS CONSIDERED
210	198. CONDITION FOR WAS PERFORMED	218. PLACE OF INJURY (e.g., ir	n or obout 21C. WHERE	DID (If in Baltimore C	ity, give exact location)
200	▼ DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	ffice bldg., INJURY OC	CUR?	,, ,
3		21 E. INJURY OCCURRED	21 F. HOW 0	DID INJURY OCCUR?	
	OF INJURY (APPROX.)	While At Not While Work At Work	е		
	22. I certify that (†) (this hospital) attende	d the deceased from		1956 to	
0	that (H) (we) last sow the deceased alive a	n7/	2 1967	ond that in (my) (our) opinion	on death occurred on the date
0	and hour and from the couses stated above	. (+) (We) (did) (did-not) v	iew the bady ofter		
	23A. SIGNATURE	III A. M.D. AHE	ending Med.	Stoff	B. DATE SIGNED
5	23C. PHESICIANS	Madre Phy	s. Directo	Phys.	1/3/67
2	NAME (Type) J. Raymond	alder M.D.			0 5 0-1 (00)
2	24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY or CRE			O S Caton Ave (29) town, or county) (Stole)
5	Burial 7-7-1967	New Cathedral Co		Baltimore, Mar	
	1007 0	AE OF REGISTRAR	Howard H	RECTOR 4107 I	Wilkens Avenue 29
	V5 150-REV. 1/1/65	Suf E. talkyna	Howard II		/
	43 130-KC 4: 1/1/03	John de Liber	1 1 1 1 1	9	



VS 151-REV. 1/1/65



	occurrion ontribu ermine regular	
	if death ect or c (4) Undet was in the dec	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurrence body was released to the hospital by a medical examiner. Also, if the direct or contribushows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased	
: IMPC	. Also, i ure of an onounce	
ECTOR	xaminer xaminer () A fracti who pr	
AL DIR	medical edical eburns; (3 hysician n was ir	
FUNER	by a m 2) Body re the p	
	hospital hospital nature; (ept whe	
	d to the tof any ital (excital); and	
	s release accident t a hosp	
	certification years (1) An D.O.A. a ased prin	
	This the k show was dece	
	Thi the sho wa	

	TH NO. 67 6511 CERTIFICA	TE OF DEATH Registered No. 67 6511
I.	NAME OF DECEASED Pe or Print) Irvin Schmidt	2. Date and Hour of Death 7-5-67 1005
3.	FULL NAME OF (If not in hospital or institution, give street oddress or location) Mexcy Slaspital	A. USUAL RESIDENCE (Where deceosed lived, If institution; residence before odmined as STATE B. COUNTY MAY Land C. CITY OR TOWN (If outside city limits, write RURAL and give township) THE STREET ADDRESS (If rural, give locotion) 5831 VIRLONA/AVE
-		301 3
3.	7. MARRIED, NEVER MARRIED WISOWED DIVORGED (specify)	6-14-1899 9. AGE (In years If Under 1 Yr. If Under 2 Worths Doys Hours N
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if retired) Retired	11. BIRTHPLACE (Stote or loreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? A A
13	Charles H. Schmidt	Rose Christopher
1 S (Y	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 215-03-3011	17. INFORMANT ADDRESS Mrs. Anna E. Heffner, 5831 Virlona Ave. 2
th.	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	aute Myocardial Sudden Inforction Many yea
MOITA DIBITAR		20A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
0	OP CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CAUSE	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
14		
1	21 D. TIME (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED (APPROX.) While At Work At Work	
C 16 C1C344	22. I certify that (I) (this hospital) attended the deceased fram	September 1965 to July 5 196 September 1965 to July 5 196 1967 and that in my (aur) apinion death accurred an the view the bady after death. Indiana Med. Staff Phys. 23B. DATE SIGNED 7-5-67 23D. ADDRESS Mevey Hospifal
C 14 C 1 C 344	22. I certify that (I) (this hospital) attended the deceased fram	September 1965 to July 5 196 September 1965 to July 5 196 1967 and that in my (aur) apinion death accurred an the view the bady after death. Itending Med. Staff 7-5-67 23D. ADDRESS Mercy Hospital REMATORY 24D. LOCATION (City, town, or county) (Staff 1968)

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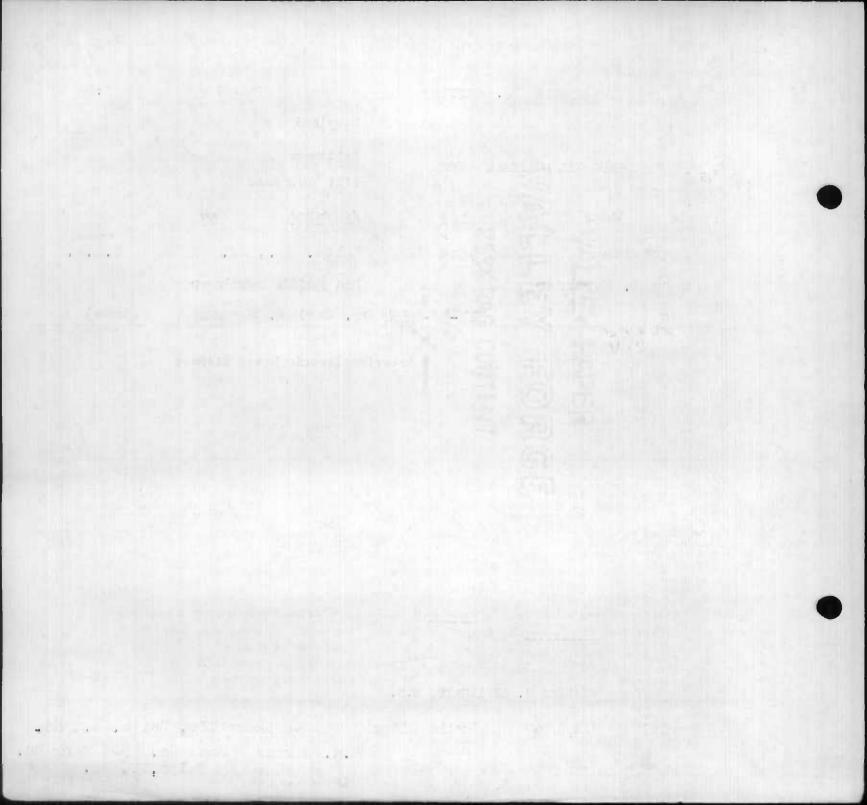
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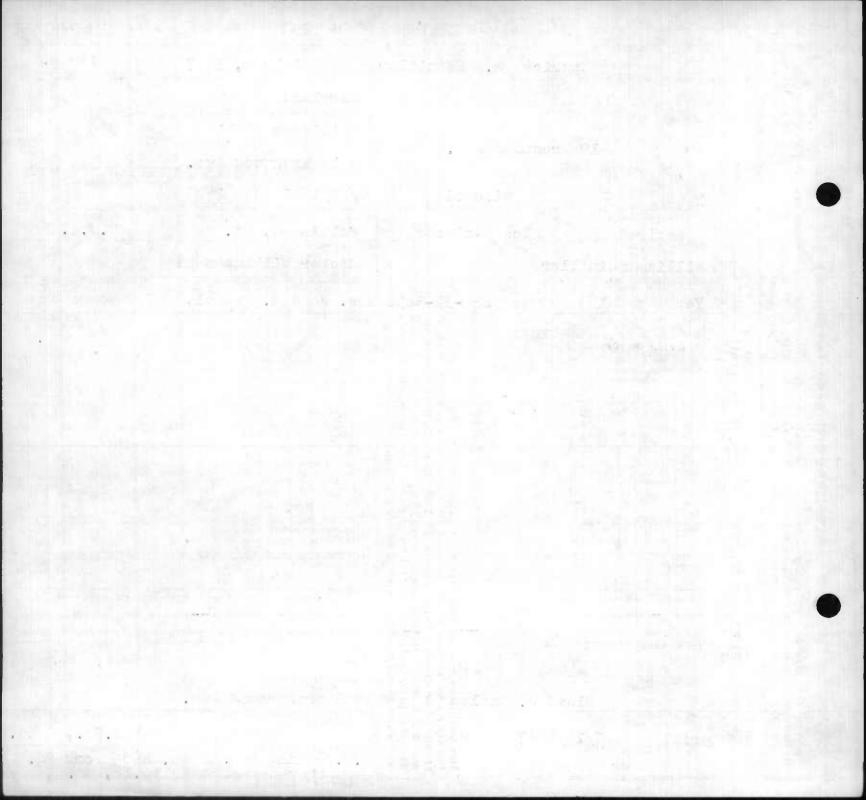
FUNCTION IN THE SECOND

ST JULY 6, 1 ET.

M.E. CASE NO.						
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD				
MABI	EL A. BENSON	7-6-67	5:00 AM M.			
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If is A. STATE B. C.	nstitution: residence before odmission) OUNTY			
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL OR ADDRESS OR LOC- INSTITUTION	TAL OR INSTITUTION, GIVE STREET ATION)	Maryland C. CITY OR TOWN (If autside corporate limits, w	rite RURAL and give township)			
UNION MEMORIAL	HOSPITAL - DOA	D. STREET ADDRESS (If rurol, give location)				
		5111 York Road				
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In year last birthday)	Months, Doys, Haurs, Min.			
Female White	Married	8/28/1899 67				
IOA. USUAL OCCUPATION (Give kind of wordone during most of working lite, even if retired)	NOB KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?			
	Own Home	Balto, Co., Md.	U.S.A.			
Housewife 13. FATHER'S NAME	- OWIT HOME	Balto Co Md	, o.b.A.			
Tahn M Hamahna	-	Ina Edith Hershner				
John T. Hershne		17. INFORMANT	ADDRESS			
(Yes, na orunknown) (If yes, give war or dot		D	(0			
No	217-36-4954	Dr. Carl F. Benson	(Same)			
Olsease OR CONDITION D LEADING TO DEATI (This does not mean the made a heart foilure, asthenia, etc. It mean injury or complication which coused	of dying, e.g., DUE TO deoth.)	of DEATH	INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. COI WAS PEI	ANY, GIVING DUE TO COLUMN (C)					
DISEASE OR CONDITION CAUSING	NDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE				
WAS PE	RFORMED	NO IN CERTIFYING CA	USES OF DEATH?			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B, PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in or about 21C. WHERE DID (If in Bultimore City, office bldg, INJURY OCCUR?	give exact lacation)			
21D TIME (Month) (Doy) (Year (APPROX.)		21F. HOW DID INJURY OCCUR?				
22. I certify that I held an	Inquiry Inspection X Au	topsy and that an this basis, death Ir	my opinion			
resulted fram: Natural co						
ACTUAL Plank	2 0 0 - 0	CHIEF MEDICAL EXAMINER	DATE SIGNED			
SIGNATURE COLOR	> J. Jell M.D	ASSISTANT MEDICAL EXAMINER				
EXAMINER'S NAME (Type) CHARLE	S S. SPRINGATE, M.D.	ASSOCIATE MEDICAL EXAMINER	7-6-67			
23A, BURIAL CREMATION, 23B, DATE REMOVAL (Specify)	23C. NAME of CEMETERY	OF CREMATORY 23D. LOCATION (C	ity, tawn, ar county) (Slate)			
Burial 7/8/19		ge Pikesville,	Balto.Co., Md.			
24A. DATE REC'D BY HEALTH DEPT.	24B NAME OF REGISTRAR	H.W. Jenkins & Sons	ADDRESS DA			
JUL7 1967	Robert E. Farberna		to.12, Md.			
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			BIT.		HEALTH DEPARTM	NENT	
	H NO.	67	651	CERTIFICA	TE OF DEA	TH Registered N	40. 67 6511
1. N	AME OF DECE		26	77 - 1 - 1 7 7 7 - 2		DATE AND HOUR OF DEA	6:30 A.
3. P	LACE OF DEAT	Mauri	CO M.	Heimiller		uly 6, 1967	M. If institution: residence before admission)
F	ULL NAME OF	(If not in hospital	or institution,	give street	Marylan	d.	
	NSTITUTION	oddress or location	n)				rite RUAN ond give township)
					Baltimo:	re 21212	110
	00	4419 Wre	nwood	Ave.	4419 Wr	enwood Ave.	
5. S	EX	S. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	M	W		lowed	9/25/189		
		PATION (Give kind of worl orking life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retir	_	Ice B	usiness	Baltimo	re, Md.	U.S.A.
13.	FATHERS NAM				14. MOTHER'S MAIL		
1	William	Heimiller			Hester	Wilkinson	
		ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT		ADDRESourt
11 .	Yes	(If yes, give wor or dote		20-32-3650	Mrs. John	K. Fassel,	8507 C Dempster
	1B.	OR CONDITION DI	DECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
		EADING TO DEATH	CCILI	(A) He	patoma of	liver	2 mo.
	heart failure, a	t meen the mode all sthenio, etc. It means dication which caused	the diseose,	DUE TO			
		NTECEDENT CAUSES		(B)			
		CONDITIONS, if		DUE TO			
	rise to the	above cause (A) CONDITION lost.		(C)	260 oan n 800 ge noo nee na ee ee ee ee oo oo oo oo	040004040404000000000000000000000000000	
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O		CANT CONDITIONS C					
CAT	DISEASE OR C	ONDITION CAUSING	T.	WHICH OPERATION	120A AUTOBOV2 (Y	as as Nail 200 IE VES WE	EDE EINDINGS CONSIDERED
ERTIFICATION	19A. DATE OF	WAS PER	FORMED		No	IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
0	OR CONTRIBUT DEATH (notify i	T WAS UNDERLYING TING CAUSE OF medical examiner	218 hom etc.	PLACE OF INJURY (e.g., i e., form, foctory, street, o	ffice bldg., INJURY OC	E DID (If in Bolti CCUR?	imare City, give exact location)
ш	21 D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
8	(APPROX)		Wh	ile At Not While	le		
	22. I certify t	hat (1) (this hospital) attended t	he deceased from	arch 3,	19 67 to J	uly 6, 1967
		ost saw the deceose		July 3,	67		opinion deoth occurred on the dote
			ted obove. (I	l) (Wa) (did) (did ਜਗ) ਪ	view the body ofter	death.	
	23A. SIGNATUR	-Ph	1 9	0 1 11 1	andian — AAnd		23 B. DATE SIGNED
		Aloe	x0 C.	stuploc Phy		Stoff Phys.	July 7, 1967
	23C. PHYSICIAN NAME (Typ				23D. ADDRESS	al design and the	
			E. Sa	ylor M.D.	3902 Gree	enmount Ave.	
24A	REMOVAL (Sp	ATION, 248. DATE	24C, N	AME of CEMETERY or CR	EMATORY	24D. LOCATION	(City, town, or county) (State)
Bu	rial		967	Lorraine Par	rk	Woodlawn	Balto.Co., Md
		HEALTH DEPT.		of REGISTRAR			Co. 4905 York Rd.
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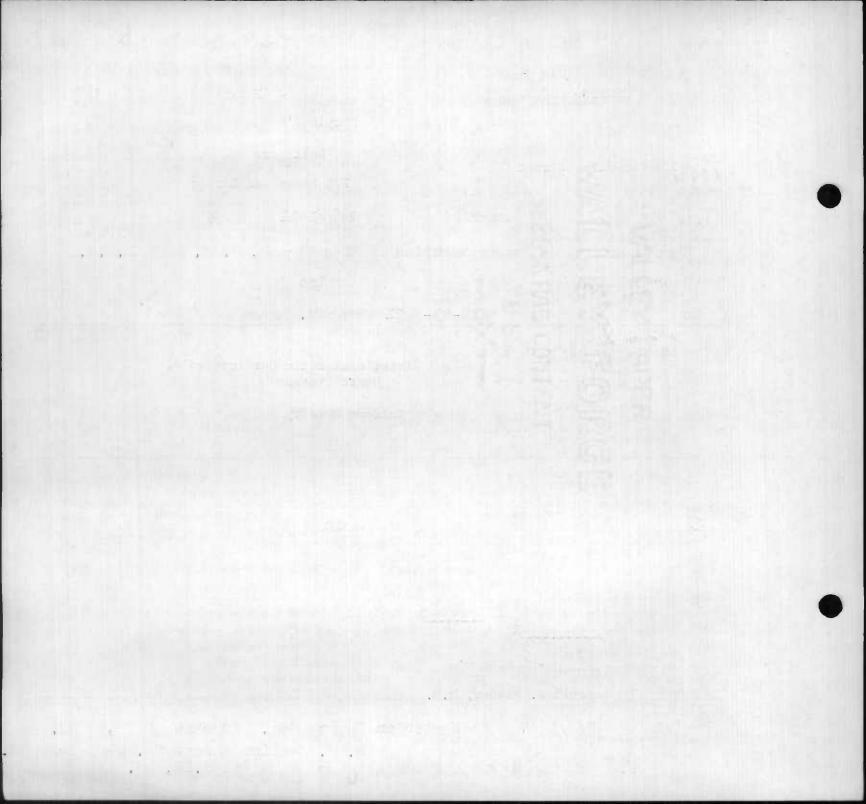


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BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED Matthew 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 4:10 JOSEPH / MASON July 4, 1967 PM. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before admission) A. STATE B. COUNTY Maryland C. CITY OF TOWN (If outside corporate limits, write BURAL and give township) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION Baltimore D. STREET ADDRESS (If rurol, give location) 708 Homestead Street 708 Homestead Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours lost birthdoy) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Doys, Hours, Min. 4/1911 Married White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? Chauffeur Boundbrook Transportation George Mason
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Louise ADDRESS 16. SOCIAL (Yes, no or unknown), (If yes, give wor or dotes of sorvice) SECURITY NO. 218-03-9821 Sarah V. Mason No (Same) 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic Cardiovascular LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, atc. It means the disease, injury or complication which caused dooth.) Heart Disease ANTECEDENT CAUSES Extreme Obesity DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (o.g., in or about 21C. WHERE DID (If in Soltimore City, give exact location) lote.)

NJURY OCCUR? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21 D TIME 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Month) (Dov) (Yeor) (Hour) OF INJURY (APPROX.) NOT WHILE m. WORK 22. Inspection X I certify that I held an Inquiry Autopsy and that an this basis, death in my apinian resulted fram: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Russell S. Fisher, M.D. July 5, 1967 23A. BURIAL CREMATION. 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify) /8/1967 Presbyterian Church Cem. Pocomake City. Burial Md. 248, NAME OF REGISTRAR

H. W. Jenkins & Sons Co. 4905 York Rd.



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BALTIMORE CITY HEALTH DEPARTMENT 67 6516 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Printesh Wade July 8, 1967 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Bolton Hill Nursing Home NAME OF (III not in hospitol of institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write NURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location 913 Leadenhall St. is made. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. S. SEX WIDOWED, DIVORCED (specify) lost birthdoy! Months Doys Hours Famale Negro 1-12-97 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) West Virginia Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown George Cooper 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 7. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of service) 218-30-67454 Records: Bolton Hill Nursing Home CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) e m ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. the remains Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)-MEDIC/ obtained 21 D. TIME (Dov) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY While At Not While (APPROX.) 22. I certify that (I) (this haspital) attended the deceased fram. pe that (I) (we) last saw the deceased alive an.....and that in(my) (aur) apinlan death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 20 Director approval 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION written Baltimore County Mt Zion Cemetery 258. NAME OF REGISTRAR

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MEDICAL EXAMINERS CERTIFICATE OF DEATH Registered No. 7 6517 MAGE CASE NO. MAGE		67 6517		BALTIMORE CITY HEA	LTH DEPARTMENT		05 0545
MACHEN OF DECEASED 1. ACASE NO. 1. ACAS NO. 1.	D BIT		MEDICAL E	XAMINER'S C	ERTIFICATE OF	DEATH Regist	tered No. 6011
S. PACE IN SATURDER MATERIAL WHERE SUPPLY AND A STATE OF THE STATE O	1.	NAME OF DECEASED			2. DATE	AND HOUR PRONOUN	CED DEAD
Cause of pears Cause Control Control Cause	(T	ype or Print)	HATTTE	CLARK	7-	3-67	7 • 15 AM
National Applies Dicardon 7-31-67 South Baltimore General Hospital 7-31-67 South Baltimore General Hospital 7-31-8 South Baltimore General Hospital Hosp	3.	PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONO		4. USUAL RESIDENCE (Wh	ere deceosed lived. If in B. CO	stitution: tesidence before odmission
South Baltimore Cannes Hospital St. Agnes Hospital St. Agnes Hospital D. Safe Tanges III rural, give located 13. S. Sharp Street Colored Widowood, Divorcidesecity Female Colored Marting Colored Widowood, Divorcidesecity Female Colored Marting Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Divorcidesecity D. Darie Of Billing Colored Widowood, Billing Colored UNKNOWN DEASON COLORED UNKNOWN DEASO	H	OSPITAL OR ADDRES		7-31-67	Maryland		
13 S. SKATP STreet 15 S. SEE S. SACE 7. MARSHED, NEVER MARNED 15 DATE OF BRITH 17 A DE IN PYCE 16 STRING OF STREET 16 STRING OF STREET 17 STRING OF STREET 18 STRING OF STREET 18 STRING OF STREET 18 STREET 18 STREET 19		South Balti	lmore General		Baltimore D. STREET ADDRESS (If n	urol, give location)	12-01
Pemale Colored Marth 1:ed		A HEAD OF					
10. STATE OF DEATH (A) SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (B) CAUSE OF DEATH (D) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean them mode of dring second white place of the	5.	SEX 6. RACE				lost birthdoy)	Months Doys Hours Min.
Double Street Double Stree			red Mar	rried	1 - 1 -		12 CITIZEN OF
Unknown S. Was Deceased Ever in U.S. Armed Forces? 16.50CIAL 17. INFORMANT ADDRESS ADDRESS Test, no grunknown) (II yes, give wor or doles of service) 16.50CIAL 17. INFORMANT ADDRESS ADD	do	ne during most of working life, ex		, position or interest			WHAT COUNTRY?
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown off yes, give wor or doles of service) 16.5 OCIAL SECURITY NO. James CEark - 713 Sharp St	13				11 A RACTUEDIC AAAIDENI NI	AME	USA
1. 1. 1. 1. 1. 1. 1. 1.		Unknown			TXMXX XXXXX	*XXXXXXXXXXXX	XXXXX
James Clark - 713 Sharp St CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dring e.g., how follow, ephanis, etc.) in the second, how follow, ephanis, etc. in means the second, how follow, ephanis, etc. in means the second. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING MIST TO THE DISEASE OR CONDITION LAST. (C) TO THE DEATH RUY NOT RELATED TO THE DISEASE OR CONDITION LAST. (C) TO THE DEATH RUY NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. BY DAD DISEASE OR CONDITION CAUSE IN STAINING THE UNDERLYING CAUSE OR COMMITTON CAUSING IT. BY DAD DISEASE OR CONDITION CAUSE OR TO THE DISEASE OR COMMITTON CAUSE OF DEATH? YES VES VES DISEASE OR COMMITTON CAUSE OR TOWN OF RELATED TO THE DISEASE OR COMMITTON CAUSE OF DEATH? YES DISEASE OR COMMITTON CAUSING IT. BY DATE OF OPERATION PR. CONDITIONS CONTRIBUTING TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES VES DISEASE OR COMMITTON CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES DISEASE OR COMMITTON CAUSE OF DEATH TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE DEATH RUY NOT RELATED TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE DEATH RUY NOT RELATED TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE DEATH RUY NOT RELATED TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE DEATH RUY NOT RELATED TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OF DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OR DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OR DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OR DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OR DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR COMMITTON CAUSES OR DEATH? YES TO THE SIGNAL CAUSE OR DEATH TO THE DISEASE OR CAUSE					17. INFORMANT		ADDRESS
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ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). II OTHER SIGNIFICANT CONDITION FOR THE LATED TO THE DISEASE OR CONDITION CAUSING IT. DISEASE OR CONDITION POR CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED Ves Yes Yes Yes Yes Yes Yes UNDERLYINOLOR CONTRIB- UNDERLYINOLOR COURT OR TO REMAIN COURT OR TO REMAIN COURT OR TO REMAIN COURT OR TO REM		heart foilure, osthenia, et	c. It means the disease, nich coused death.)	XXXXX			
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TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. PA. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES YES YES YES YES 21A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB- LUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID It in Bolimore City, give exact location) home, form, foctory, steed, office bidg., injury occur? OF INJURY (APPROX.) 7 1 167 PM WORK Pedestrain sturck by auto 22. I certify that I held an Inquiry Inspection At WORK Pedestrain sturck by auto CHIEF MEDICAL EXAMINER ASSOCIATE MED		UNDERLYING CONDIT	AUSE (A) STATING THE				
TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT. PA. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES YES YES YES YES 21A. EXTERNAL CAUSE WAS UNDERLYING NOR CONTRIB- LUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID It in Bolimore City, give exact location) home, form, foctory, steed, office bidg., injury occur? OF INJURY (APPROX.) 7 1 167 PM WORK Pedestrain sturck by auto 22. I certify that I held an Inquiry Inspection At WORK Pedestrain sturck by auto CHIEF MEDICAL EXAMINER ASSOCIATE MED	C	5		(C)			
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Uning Cause of Death. Street 122 Ft. North of Hamburg Street 32 Ft. North of Hamburg Street	1	21A, EXTERNAL CAUSE W	AS 21 B	PLACE OF INJURY (e.g.,	in or about 21C WHERE DI	O III in Boltimore City,	
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Total Tota		21 D TIME (Month)	(Doy) (Year) (Hour)				are perece w
Certify that I held an Inquiry Inspection Autapsy and that an this basis, death in my apinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED			1 167		WHILE VORK V Dodog to	in sturel by	7 21110
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EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) Burial 7-7-67 Mount Auburn Cemetery Baltimore-City 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Isaiah L. Brown and Son IOS W. Montgomery Sttreet			18mm	her			DATE SIGNED
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY Burial 7-7-67 Mount Auburn Cemetery Baltimore-City 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR Isaiah L. Brown and Son IOS W. Montgomery Sttreet			1 9 0	М. С			7-3-67
Burial 7-7-67 Mount Auburn Cemetery Baltimore-City 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR SUL 10 1967 Robert Statement Son 108 W. Montgomery Sttreet		NAME (Type)					
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR I Saiah L. Brown and Son IOS W. Montgomery Sttreet			3B. DATE 2	3C. NAME OF CEMETERY	or CREMATORY 231	D. LOCATION (Cit	ty, town, or county) (Stote)
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 124C. FUNERAL DIRECTOR I Saiah L. Brown and Son IOS W. Montgomery Sttreet					n Cemetery	Baltimore-	City
108 W. Montgomery Sttreet	24	A. DATE REC'D BY HEALTH	- 4 4	97 10	24C. FUNERAL DIREC	TOR	ADDRESS
		* SUL 1 0 1867	Robert E.	Jane MA			
	V	S 151-REV. 1/1/65	0100	0/00	0 0 0		

Letter from M.E.'s office 7

JCaTC

H.H.

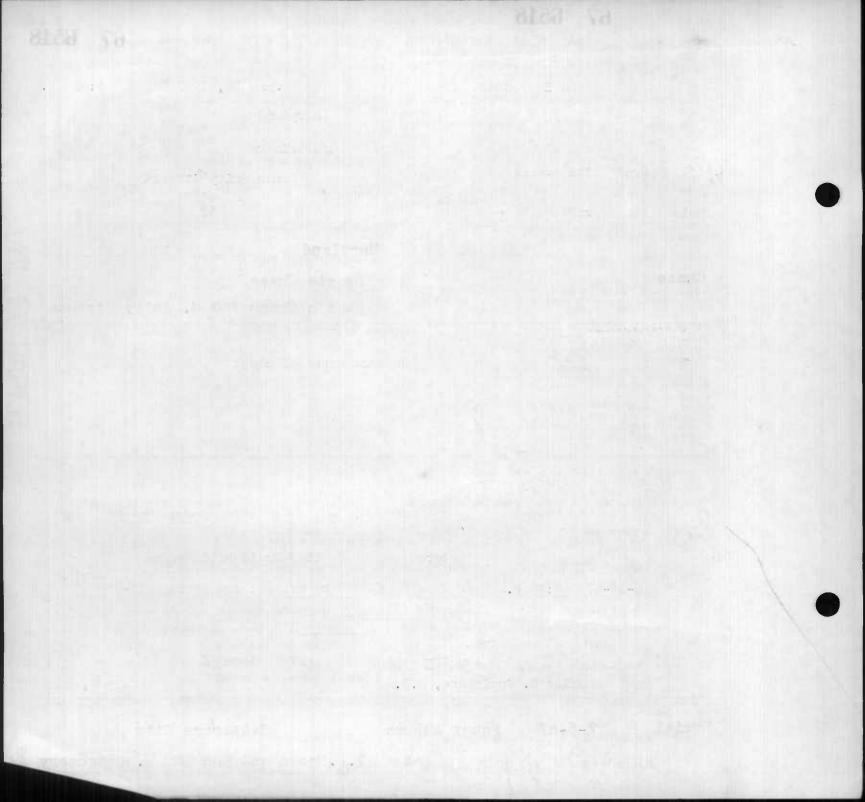
END (A DISTRICT SERVICE SERVICE STREET

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6518

A.E. CASE NO.		6	und the dispersion of the for-fac-	10.				
NAME OF DE	CEASED			2. DATE AND HOUR PRONOUNCED DEAD				
LEVI CHASE				June 30, 1967 4:45 P.				
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION			4. USUAL RESIDENCE (Where A. STATE Maryland	deceosed lived, If insti B. COU	tution: residence before admission)			
			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
								10
1140	Druid Hil	.1 Avenue		20 South Amity Street				
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.		
Male	Negro	WIDO WED,	DIVORCED (specify)		Manths, Doys, Haurs, Min.			
	UPATION (Give kil working life, even i		F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?		
				Maryland		The state of the s		
FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME				
Chase				Bessie Chase				
WAS DECEAS	ED EVER IN U.S.	ARMED FORCES?	16. SO CIAL	17. INFORMANT		ADDRESS		
es, no or unknow	n) (If yes, give wo	r or dotes of service)	SECURITY NO.	Bessie Chase	e 207 N. A	mity Street		
18. 1 (10	IV		CAUS	E OF DEATH		INTERVAL BETWEEN		
OTHER SIC TO THE DISEASE C	DEATH BUT	DITIONS CONTRIBUTION TO THE CONTRIBUTION OF TH	THE					
19A. DATE O		9B, CONDITION FOR VAS PERFORMED	WHICH OPERATION	Yes Yes	208. IF YES, WERE FIN IN CERTIFYING CAUS			
UNDERLYING	CAUSE WAS OR CONTRIB- JSE OF DEATH.	21 B. hometc.)	PLACE OF INJURY (e.g., form, foctory, street, store	office bldg., INJURY OCCUR?	If in Boltimore City, giv	17.43		
OF INJURY	(Month) (Doy	Year) (Hour)	TE. INJURY OCCURRED			while trying		
(APPROX.)	6-30-67	4:40 P.m.	WHILE AT K NOT	while to prevent	t drugstore			
22. I cer	tify that I held	an Inquiry 🗌	Inspection A	utapsy X and that an this	s basis, death in m	y apinian		
1050	Ited fram: Nat	ural causes .	Accident Suici	de <u>Hamicide</u> X U	ndetermined manne	or		
ACTUA		als S.o	Prol MIL	CHIEF MEDICAL EX	men.	DATE SIGNED		
EXAMII NAME (NER'S Cha	arles S. Spr	ingate, M.D.	ASSOCIATE MEDICAL EX		July 1, 1967		
A, BURIAL CRE		DATE 23	C. NAME of CEMETERY			town, ar county) (State)		
Burial.	7-	-5-67 M	ount Auburi	Ba 24C. FUNERAL DIRECTOR	ltimore C	ity		
A. DATE REC'D		PT. 24B, NAME	8. Falleman	24C. FUNERAL DIRECTOR				

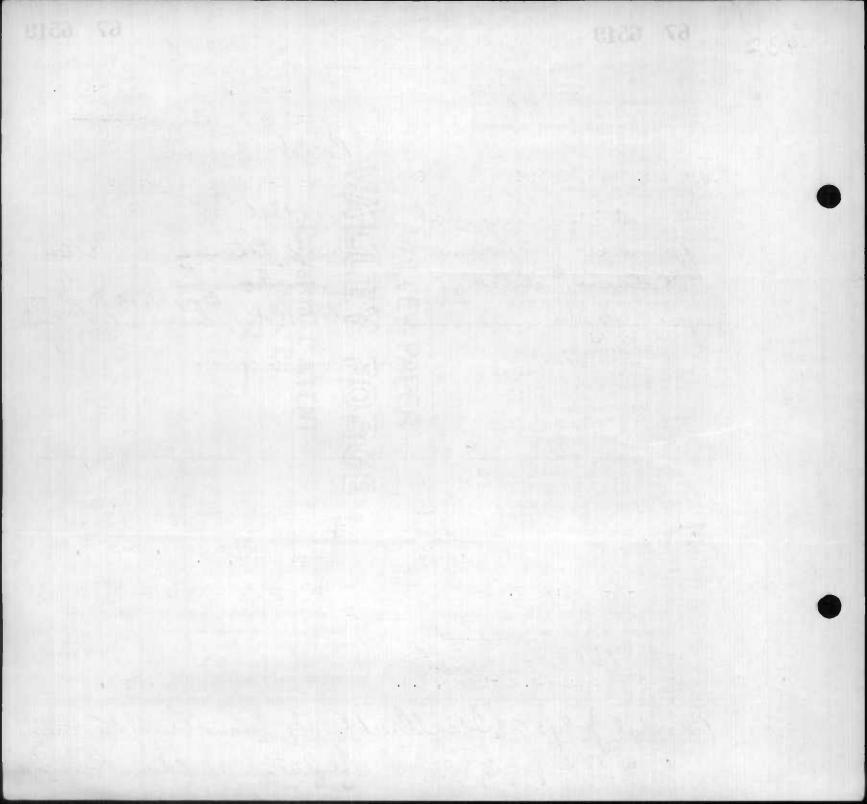
VS 151-REV. 1/1/65

N875.4



F-432 BIRTH NO. 6519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.1	E CASE NO.										
1. 1	NAME OF DEC	EASED					2. DATE AND	HOUR PRONOUNCE	D DEAD		
шу	pe ar rmnu		TOLB	Y FIEI	LDS		June	30, 1967		3:10	P
3. F	LACE IN BALTI	IMORE, MAR	LAND, W	HERE PRONOL	INCED DEAD	4. USUAL		deceased lived. If insti	tution: resid		
						A. STATE	Maryland	B. COU	NII B	TIMORE	11/11
но	LL NAME OF SPITAL OR STITUTION	(IF NOT I	OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY O		corpo ote limits, write	RURAL on	d give tawnsh	ip)
4	40					D. STREET	ADDRESS (If rural,	Fairel give location)	/	63-0	10
C	19 St	. Agnes	Hosp	ital	(DOA)				lor P	arle	
5. 5		6. RACE	-		NEVER MARRIED	B. DATE OF		Midway Trai		1 Yr. If Under	24 Hrs.
	Male	Whit	e		DIVORCED (specify)	Mar	-18,188	78	Months	Days Haurs	Min.
	. USUAL OCCU			KIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPL	ACE (State or foreign	country)	12. CITIZE	N OF COUNTRY?	
3011		mala)	it il feilled?	1 do	(Land)	Pibe.	alle to	stucker		US	1
3.	FATHER'S NAM	E	_	1	<u> </u>	14. MOTHE	'S MAIDEN NAME	The state of the s	1		
	VIALO	1 -	F	01)						
5.	WAS DECEASED	D EVER IN U.	S. ARMED	FORCES?	16. SOCIAL	17. INFORM	ANT	namen	ADDRESS	. 70	/
Yes	s, na ar unknown)	(If yes, give	wor ar date	es of service)	SECURITY NO.	6	1 E i	1 Bant	98 K	5-My	way
	neal	W	WI			Coul	Tield	a) Kain	el	my!	Parl
П	18	12.0			CAUSE	OF DEATH		/		INTERVAL BE	
(DISEAS	SE OR CONE	ITION DI	PECTI Y						ONSET AND	DEATH
	Distas	LEADING T			(A) May 1 4	inlo t	raumatio i	injuries			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthenia, etc. It means the disease, injury ar complication which caused death.) (A) Multiple traumatic injuries DUE TO										
		NTECEDENT			(B)			*************************			
	RISE TO THE	OR CONDITI	USE (A) S'		DUE TO						
_	UNDERLYIN	IG CONDITIO	ON LAST.		(C)						
ó					(C)						
CATION	OTHER SIGN	VIEICANT CO	NDITIONS	CONTRIBUTION	NG.						
5	TO THE	DEATH BUT	NOT RE	LATED TO T							
ERTIFI		CONDITION			WHICH OPERATION	004 411	Obeve /V	OOD TO VEC MERE EL	15/1100	011010 F0F0	
S	TYA. DATE OF	OPERATION	WAS PER	FORMED	WHICH OPERATION			20B. IF YES, WERE FIN			
_	OL PUTENLA	CALLER WA			,	Ye	S	res			
S	21 A. EXTERNAL UNDERLYING	OR CONTRIB	-		PLACE OF INJURY (e.g., i , farm, factory, street, a		LILLAN COULTER	If in Baltimore City, give			
9	UTING CAUS	SE OF DEATH	١.	etc.)	highway		loward Cour	Lower bypass	, kou	te #1,	
Σ	21D TIME	(Manth) (D	ay) (Yea	rl (Hour) 2	TE. INJURY OCCURRED	2	F. HOW DID INJU	RY OCCUR?	_	100	00
	(APPROX.) 6-30-67 2:43 P.m. WHILE AT NOT WORK AT WO						Pedestria	an struck by	truc		, 0
	22.	22.									
	result	ted fram: N	atural ca	uses A	ccident X Suicide	He He	micide U	Indetermined manne	r		
	4.6711.1	N	1	0	1 - 1	CHIE	F MEDICAL EX	AMINER		DATE SIC	NED
	SIGNATI		arla	1.0	- 3al M.D.	ASSISTAN	IT MEDICAL EX	AMINER X		DATE SIC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	EXAMIN	_	arlae	S. Spr	ingate, M.D.		TE MEDICAL EX		T11 137	1, 196	7
	NAME (1	Гуре)	arres	D. DPL.	ingate, n.b.				July	1, 170	,
	BURIAL CREA	MATION, 231	DATE	230	C. NAME OF CEMETERY O	CREMATO	RY 23D. LC	CATION (City,	town, or c	county) (State)
KE!	MOYAL (Specify	. 0 1	.0.	MIGIA	110-11.	1.E	.0	1 10	/	11	_ /
1	A. DATE REC'D	ALL P	CHI	3//6/ V	OF REGISTRAR	epla	myly to	sland Ne	ek,	lente	icher
24 F	A. DATE REC'D	(DEPT.	24B, NAME	OF REGISTRAR	24C. F	UNE PAL DIRECTOR	\cap	1 A	DDRESS	1
	.0	JUL 10	1967	620 6	+ 9 Fr. Owne	1/1	1115	Nann		de	05
1/6	161 . BEV 1/1//	(6)	1001	HOKKEL	T. Marion, Inc.	1/40	Milli	Vanald	nan	vuu	X/VY



Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 6:30P. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 7-4-67 23B, DATE SIGNED 7-5-67 (City, town, or county) ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

DEED 79 OSER Ve 20.19161. N. 200.1 1. 1916 1.02

43-2	7-07 1	ED	1	
43-2	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ent of any nature; (2) Body burns; (3) A tracture of any kina; (4) Undetermined cause; (2) Deceaseds spital (except where the physician who pronounced death was in regular attendance on the	Jeath); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approved must be abtained before the remains are embalmed or final disposition is made
•	This certificate must be approved the body was released to the hos	shows: (1) An accident of any narrays was D.O.A. at a hospital (except	deceased prior to death); and (6	written grantoval mist be obtained

-21	200	67	652	4 BALTIMORE	CITY HEALTH DEP.	ARTMENT		OPS	0504
BIRTH NO.		07.	UUZ	CERTIFIC	CATE OF D	DEATH	Registered Na	6/_	6521
M.E. CASE N 1.NAME OF (Type or Print	DECEASED	- >				2. DATE AN	NO HOUR OF DEATH	ч	
	2011	, Ko	5, c			7-5	-67 10	: 11	10:30A
	F DEATH IN BAI				A. STATE	B. COUN		institution: re	sidence before odmissio
FULL NA! HOSPITAL INSTITUTION	. OR oddi	ot in hospitol ess or location			C. CITY OR T	OWN (IF ou	tside city limits, write	RURAL ond	give township)
100				#21224	1 B	mi			06-10
4946 E	Tillau Lastern A	ve. Ball;	timore,	Maryland		Eastern	rurol, give lacotion) Ave.	21224	
s. sex	6. RACE	legro	7. MARRIED, WIDOWEI	NEVER MARRIED	B. DATE OF BI		9. AGE (In years lost birthdoy)	If Under Months	1 Yr. If Under 24 H Doys Hours Min.
IOA. USUAL	OCCUPATION	ive kind ol work	108, KIND OI	BUSINESS OR INDU	STRY 11. BIRTHPLAC	CE (State or lore		12. CITI2	EN OF
Labor		even if retired)	Domes t:	ic	Waverly			WHA	U.S.A.
unkno				1	unknown	MAIDEN NA	ME		
Yes, no or unk	eased Ever in U. known) (If yes, gi	S. Armed Foreve wor or dote	ces? s of service)	16. SOCIAL SECURITY NO.	17. INFORMAN BCH: Rec		940 Eastern	Ave. H	ADDRES#21224 Baltimore, M
18.//	001	ī			SE OF DEATH				NTERVAL BETWEEN
	ISEASE OR CO	I Ndition dir	ECTLY						ONSET AND DEATH
		TO DEATH		(A)	A A A COS	t C	UA		6
	oes not mean			DUE TO	, 1				
	LEADING TO DEATH (This does not mean the made at dying, e.g., heart failure, asthenio, etc. II means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES (A) DUE TO DEATH (A) DUE TO DEATH (B) Severe CHraws ASCVD 3+ Yennes (B) Severe CHraws ASCVD 3+ Yennes								
	ANTECED	NT CAUSES		(B)	suere C	Hou	is Mol	<u> </u>	14MRS
DISEAS	ES OR COND	ITIONS, if	ony, giving	DOE 10	,				
	the abave		stoting the	(C)		*********	v access con a con		
UNDER	LING CONDI	ION IGST.							
E TO TH	SIGNIFICANT CO	T NOT RELA	TED TO TH		e KNOU	111			
	TE OF OPERATION		DITION FOR	WHICH OPERATION		PSY? (Yes or N	O) 20B. IF YES, WERI	FINDINGS AUSES OF I	CONSIDERED DEATH?
U 21A. AC	CIDENT WAS U	NDERLYING	218	PLACE OF INJURY	e.g., in or about 21 C.	WHERE DID	(If in Baltime	ore City, give	e exact location)
DEATH	TRIBUTING C (notify medical ex		hon etc.	ne, form, foctory, stre)	et, office bldg., INJU	RY OCCUR?			
OF INJU	NE (Month)	(Doy) (Year)		. INJURY OCCURRED		HOW DID IN.	JURY OCCUR?		
(APPROX	(.)		We		While Work				
22. I ce	ertify that (1) (his haspital) attended t	he deceased fram.	4-7		19 65 ta	7-1	19.6.
	(we) last saw			7-5				ninian dea	h accurred an the
				Nw (13)				printan doar	in decorror an into t
23A. SIGI		causes stat	ed above	I) (We) (did) (did n	at) view the bady	atter death.		DAR DAT	E SIGNED
230.310	2 #	- 1	1	A.b.	Attending	Med.	Staff	>_	5-15
	Tale	ell	great.	enough.	Phys.	Director	Phys.	1	18
23C.PHY NA	rsician's ME (Type) Patrick	Desmon	d		4940 Ea M.D. Baltimo	stern A	ve. yland # 212	BCH 24	
24A. BURIAL	CREMATION,			AME of CEMETERY o		-		City, town, a	r county) (State
	VAL (Specify)	7 0 67	Wa	Calman	a-a-t-a	A 4	Co Mo-	v1 and	
Burial 25A. DATE F		7-8-67		Calvary C		RAL DIRECTO	Co., Mar	yrand	ADDRESS
	MILL	I APL	La Lee J	E JONEURI			ones, Jr.	1735 Ha	
VS 150-REV.	1/1/65	11 410. 7	17.70	4-0	li,	- •	7		
OV-NE V.	1000								

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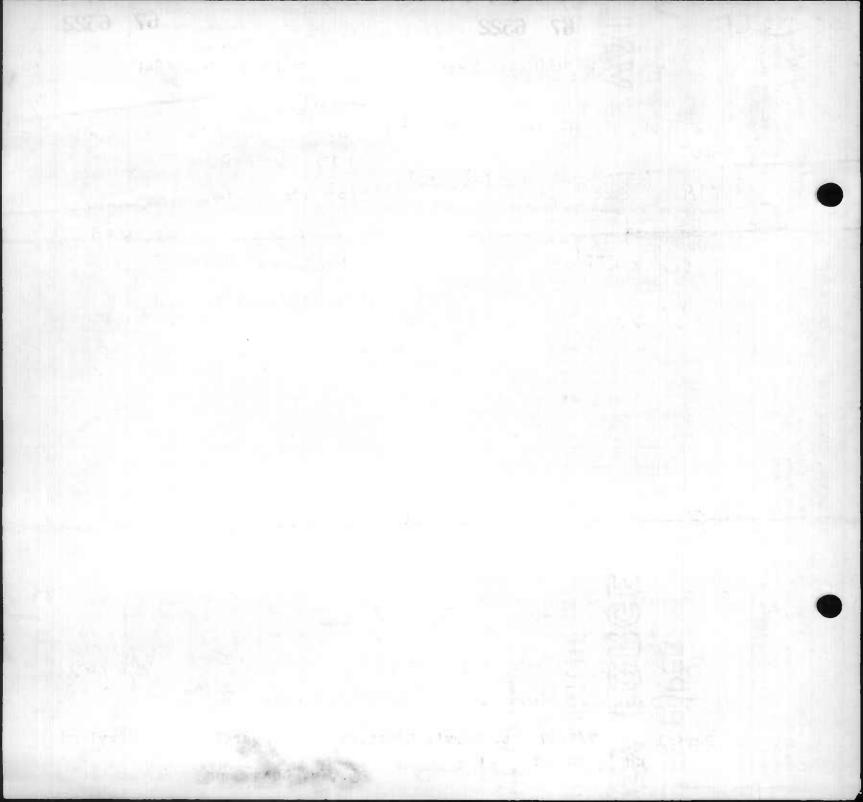
the chief

CERTIFICATE OF DEATH BIRTH NO. irect or contributing cause of death.

(4) Undetermined cause; (5) Deceased

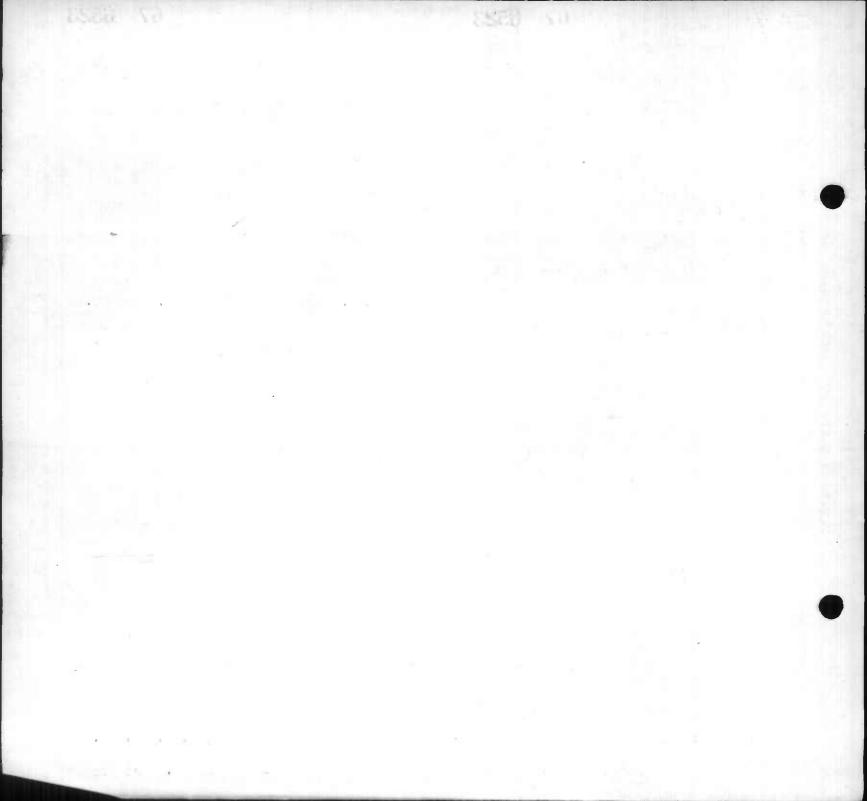
was in regular attendance on the
the deceased prior to death. Such M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 7:00 AM 1. 6 Kuncheloe 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND c. CITY OR TOWN FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address ar lacation) (If autside city limits, write RURAL and give township) INSTITUTION U.S. Public Health Service Hospital (If rural, gird lacotion) Capita D. STREET ADDRESS GOTH is made 7. MARRIED, (NEVER MARRIED) 9. AGE (In years 5. SEX 6. RACE 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Months Days Hours WIDOWED, DIVORCED (specify) last birthday) Cau 2 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) D.C. USA. student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kincheloe Acres Margaret 100 death LO kind; 5. Was Decoased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL or final (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. attendance Hosp. Admission Manifold NO of any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed Acute Leukemia LEADING TO DEATH A fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or camplication which caused death.) who ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving (3) = rise to the above cause (A) stating the physician UNDERLYING CONDITION last. obtained before the remains Was Body burns; H CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION the 19 A. DATE OF OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? 2 where (If in Baltimare City, give exact lacation) °Z MEDICAL DEATH (natify medical examiner) any nature; (Manth) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) Wark At Wark pub ! 7 22. I certify that (I) (this hospital) attended the deceased fram Have h 19 67 10 July 3 19 67 and that in (my) (our) opinion death occurred an the date pe that (I) (we) lost saw the deceased alive on... death) hospital and hour and fram the causes stated above. ((1)(We) (did))(did not) view the bady after death. must accident 23A. SIGNATURE 23B. DATE SIGNED Attending Staff -Med. prior to written approval 0 23C PHYSICIAN'S NAME (Type) 23D. ADDRESS at shows: (1) An M.D. USPHS HOSP J. Douglas D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION REMOVAL (Specify) 7/7/67 St. Mary's Cemeterv Laurel Marvland Burial 25A. DATE REC'D. RY Was 25B. NAME OF REGISTRAR 25C. EUNERAL DIPECTO ADDRESS Ū Wm. Tiees Sons VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



5341
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death oshows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).
red in a house outing cause; (sed cause; (sed cause; (sed cause; (sed cause))
death occur t or contrik Undetermin as in regul
assistant if if the direc ny kind; (4) ed death w
Also, re of a nounce attended
l examiner. examiner. (3) A fractu n who pro in regular
a medical ody burns; ne physicia
ospital by the chospital by trure; (2) But where the (6) No physical characteristics and the character
be approve ed to the hart of any no oital (exceptath); and
icate must was releas An accider L at a hosp prior to de
This certif the body shows: (1) was D.O.A deceased

BIKIL	но. 67 6	523	TE OF DEATH	Registered No.	67. 6523
1. NA	CASE NO. ME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
	OF PRINT FRIEDA E.	LINTLINE	JUL	1 6,19	stitution: residence before admission
3. PL	ACE OF DEATH IN BALTIMORE, MARTLAND				
H	ILL NAME OF (If not in hospital or institut OSPITAL OR address or lacation)	ion, give street	C. CITY OR TOWN (If ou	ad -	RURAL and give towaship
IN	STITUTION	70	1705 130	ELT 5.	2/230
1	South Balto. General	Hoenital	Kel .		
5, SE		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months; Days Hours; Min,
	F. ee. WIDO	Widow	11-9-03	last birthday)	Months Days Hours Min,
	JSUAL OCCUPATION (Give kind of work 10 B. KIN during most of working life, even if retired)		11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
ione		t Home	NEW 40	ck	USA
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	GEORGE FINK		2		
5. W Yes,	as Deceased Ever in U. S. Armed Farces? na arunknown)(If yes, give war or dotes af serv	ice) 1 6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
	No		Mrs. Norma Mus	calli 711 1	N. Rose St.
1	1.465× 1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	201	MONARY FM	BO1 120+1	
	This daes nat mean the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO	YONARY, EM	MASSIII	*
	njury ar complication which caused death.)	,		143310	-
	ANTECEDENT CAUSES	DUE TO		The Collection of the Collecti	
	DISEASES OR CONDITIONS, if any, gi ise to the above couse (A) slating UNDERLYING CONDITION last.				
-	11				
\succeq	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
	9A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 2	TA, ACCIDENT WAS UNDERLYING DE CONTRIBUTING DE CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, farm, foctary, street, a etc.)	n or about 21 C. WHERE DID flice bidg., INJURY OCCUR?	(If in Baltimore	e City, give exact lacation)
0 2	1D. TIME (Manth) (Day) (Year) (Haur) DF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not While Work Not While At Work			
2	2. I certify that (1) (this hospital) attend	ed the deceased from	7-2	19 67 to	7-6 19 67
- 1	hot (I) (we) lost sow the deceased alive	on			nian death occurred on the
<	and haur and from the couses stated above	ve. (1) (We) (did) (did not)	view the body ofter death.		
2	3A SIGNATURE	/ /		F. 11	23B, DATE SIGNED
	NO. 101. 14	Al .	ending Med. S. Director	Phys.	1-1-61
	3C. PHYSICIAN'S		23 D. ADDRESS		
2	NAME (Type)				
	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY or CR	EMATORY 24D. I	OCATION (C	tv. town, or county) (State
24A.	BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY or CR			ty, town, or county) (State
24A.	BURIAL CREMATION, 1248. DATE 24 Print 1248. Print 1248			ooklyn, A.	

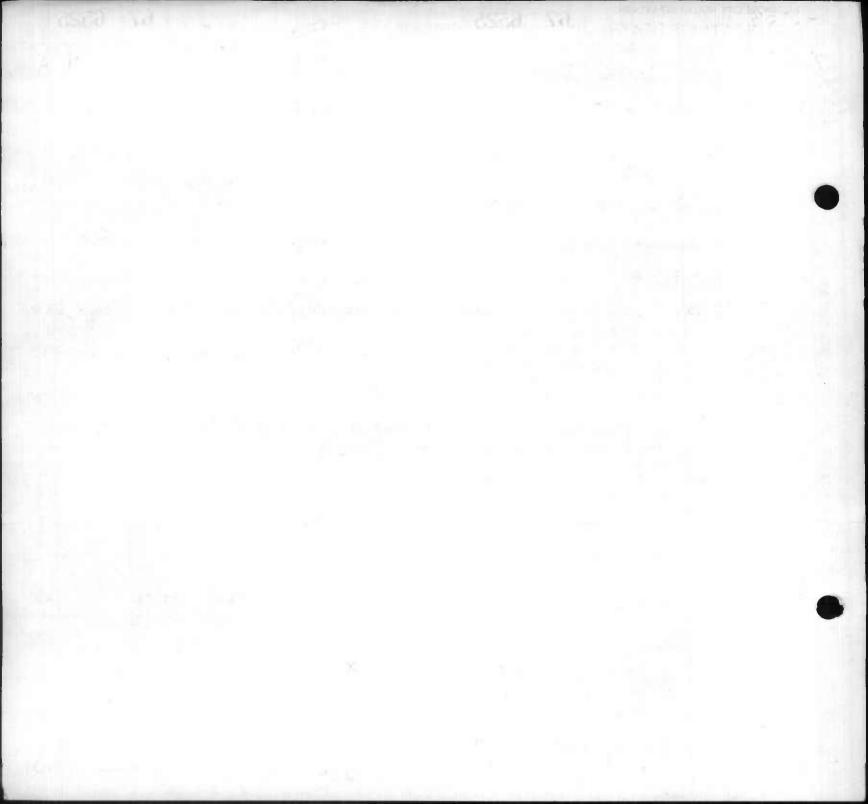


00	< 0	-	67. 6524 BALTIMORE CITY	HEALTH DEPARTMENT	OB CEDA
es c	2-2.	2	KTH NO. CERTIFICA	TE OF DEATH Registered No.	01. 0024
O)	ath sed the the	1	LE CASE NO. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
red 6	S		ype or Print) Simonson, Ihomas	4/6/67	(-GO-A.
a	4 0 0 4 E	3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If ins	titution: residence before admission)
[7]	spirite of of other of the othe			A. STATE B. COUNTY	
0 =	d a (5. 8. b		FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside dry limits, write RI	URAL and give township)
5	5 9 9 9		INSTITUTION	Farmharh	CKAL did give lowiship
0 2	in Bar	1	3-51 11 1 11	D. STREET ADDRESS (If rural, give location)	/- 70
-13	ting d cat r att	6	Johns Hopkins Hospital	Rt. 1	
-	T 5 0 0	73	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
	occu ontrib ermir regul	Ĕ	WIDOWED, DIVORCED (specify) NEVER MARRIED	8-24-44 last birthday) 22	Months Days Hours Min.
	O O O		A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY		12, CITIZEN OF
	det det	Hion	one during most of working life, even if retired)	Virgi h ia	WHAT COUNTRY?
	or o	E	word Self Employed	14. MOTHER'S MAIDEN NAME	0.5/1
	we the	sodsi	PLATERY DAME	14. MOTHER'S MAIDEN HAME	
5		2/	LIAM NEWTON SIMONSON.	WIRGINIA LEE PEARSON	
Z		= 1	wos Deceased Ever in U. S. Armed Forces? es, no prunknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
E	the the kir de nce	tinal	226-64-8185	Mrs. Virginia P. Simonson	Farmham Vi.
MPORTA	1 4 A D D	0	18. 94 / X CAUSE OF	F DEATH	INTERVAL BETWEEN
9	f o, no	0	DISEASE OR CONDITION DIRECTLY		ONSEL AND DEATH
3	A S	E	LEADING TO DEATH	ennothorax	
••	7 . 20 P.	0	(This does not mean the mode of dying, e.g., DUE TO	1-0-	
OR		E	injury ar camplication which caused death.)	Silling	
F	E.E.T. o D	0	ANTECEDENT CAUSES (B) DUE TO	14	
2	X X X X	are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the		
DIRECT	al (3		UNDERLYING CONDITION lost.		***************************************
	lical cal ns; icic	ains	II .		
7	edice our ysi	E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
NERAL	y by	0	DISEASE OR CONDITION CAUSING IT.	TOO A ALTER BOND /V N. V COR LE VES LUBBE E	NUMBER CONSISTED
7		=	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F. IN CERTIFYING CAU	ISES OF DEATH?
5	0 > m + >	- Le	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	YES NO	City, give exact location)
IL	the alb	0	DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	fice bldg., INJURY OCCUR?	,,,
	>= 0 - Z	o P	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	- 8 - 6	nec	OF INJURY		
	> T = 0 D	5	(APPROX.) Work At Work		16
		opt	22. I certify that (I) (this haspital) attended the deceased fram	July 196/10 Ju	196),
	ap to 10.	9	that (I) (in) fast saw the deceased alive an	19 6 and that in (my) (ap) apIn	ion death accurred an the date
	0 0 0 -	must be	and how and from the courses stated above. (1) (Ne) (did) (did at) v	iew the bady after death.	
	eased ident hospit	2	23A. SIGNATURE	n 6	23B. DATE SIGNED
		0	And In Same & M.D. Atte	s. Director Physic	116167
	9 + 0	> I	23C. HYSICIAN'S NAME (Type)	23D. ADDRESS	
	An	0	JOHN S. URBANETTI M.D.	JOHNS HOPKKNS HOSPITAL	
	This certificate the body was reshows: (1) An a was D.O.A. at deceased prior	do	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (Cit-	y, town, or county) (State)
	This cert the body shows: (I was D.O	0	Burial 7/9/67 (alvary Cemetery	Richarmond (o.	Md.
	This c		5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	This the bashow was	3	111 10 1967 10. O. S. E. Fasheyma	J. Fr Eline Sons Reis	terstown, Md.
		IF	\$ 150-REV. 1/1/65	50,	,
				'30 Q.	

Little Control of the Control of the

R. J.

	67 6	595	Y HEALTH DEPARTMENT	0 1/11	67. 6525				
BIRTH M.E. (NO. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	<u> </u>				
I.NA	ME OF DECEASED		1	HOUK OF DEATH					
	HARRY KANDAL	L (RADETZ	KY) JUL	Y 6, 1967	7 4 A				
B. PLA	ACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. COUNTY	deceosed lived. If inst	itution: residence before admission				
FUI	LL NAME OF (If not in hospital or institu	ution, give street	MARYLAND		Bulle, Con				
HO	SPITAL OR oddress or location)		C. CITY OR TOWN (If outside	e city limits, write RU	RAL and give lownship)				
		- VEDERE	BALTIMORE		53-00				
Ho	USE IN THE PINES-B	ELVEDEN	D. STREET ADDRESS (If rure	ol, give location)					
			8212 MARC	IE DRIV	IE				
- SEX		RRIED, NEVER MARRIED		AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min,				
1	M 1. 1	OWED, DIVORCED (specify)	1-3-1887	50	1 1 1				
σλ. U	SUAL OCCUPATION (Give kind of work 10 B. KIP	NO OF BUSINESS OR INDUSTR		country)	12. CITIZEN OF				
done d	uring most of working life, even if retired)		D		WHAT COUNTRY?				
10 m A	THE WE STANKE		14. MOTHER'S MAIDEN NAME		USA.				
3. FA	THERS NAME		MOINERS MAIDEN NAME						
	40415				22.50				
S. We	os Deceased Ever in U. S. Armed Forces? o or unknown) (If yes, give wor or dotes of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	1		AMRS IDA PERL	MAN 8202	MARCIE DRIV				
	VO		OF DEATH	WHIN ON	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY		Sulf.		ONSET AND DEATH				
	LEADING TO DEATH	145	Preymenia	() avainall	2. days				
	This does not meon the made of dying,		Prevmenin	(11111)	12				
	eart failure, asthenia, etc. Il means the dis njury ar camplication which caused deoth.)		* 6 .						
	ANTECEDENT CAUSES	(8)	ASHD		3 years				
-	DISEASES OR CONDITIONS, if any,	DUE TO		4 1	•				
	se to the above couse (A) stating	The (C)	iapetes me	111 two	J- YKAN				
U	INDERLYING CONDITION last.				/				
	II								
	THER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED T								
A	DISEASE OR CONDITION CAUSING IT.		TOO A ALIZO BOYO IV M. S.	OOD IE Vee ween "	NDINGS CONSIDERED				
RTIFIC	PA. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	SES OF DEATH?				
MAI David	A ACCIDENT WAS INDEBLYING	218 BLACE OF INTLIBY!	, in or obout 21C. WHERE DID	III in Rollings	City, give exect location)				
7 0	R CONTRIBUTING CAUSE OF	home, larm, foctory, street,	office bldg., INJURY OCCUR?	ur in politinore	Oliy, give exoci locononi				
U	EATH (notify medical examiner)	etc.)							
	D. TIME (Month) (Doy) (Year) (Hour FINJURY		21F. HOW DID INJUR	Y OCCUR?					
2 (1	APPROX.)	While At Work At Wo	hite hite						
21	2 seasify shee () (ship begains) season			17-10 7	/6 10 ()				
	22. I certify that (I) (this hospital) attended the deceased from 10 /1 19 62 to 7 /6 19 6)								
11	hat (I) (we) lost sow the deceased alive	e an	19and that	in (my) (our) opin	ion death occurred on the de				
0	nd hour and from the causes stated abo	ove. (I) (We) (did) (dld not)	view the body ofter death.						
23	BA. SIGNATURE				23B. DATE SIGNED				
	Set Sinhi	M.D. A		off tys.	7/6/60				
23	C. PHYSICIAN'S		23D. ADDRESS						
	NAME (Type)	J M.I	o.						
24A	BURIAL CREMATION, 248. DATE	4C. NAME OF CEMETERY OF C		TATION (Cir.	, town, or county) (State)				
2971.	REMOVAL (Specify)		0	TOTAL TOTAL	, 10 mil, or county) (31016)				
100	URIAL 7767	MOSES MOUT		ACTO	MD				
25A. I	DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	2SC. FUNERAL DIRECTOR		ADDRESS				
	SOF TA 1901 HPG	kind as undirection	1 75 Wen S. Eu	12 LSon, INC	Garrison, Md				
10 10	0-REV. 1/1/65		V						



6526 Registered Na. of death Deceased ce on the and M.E. CASE NO. Stacy Lynn Walker 2. DATE AND HOUR OF DEATH (Type or Print) ACY hospital death. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence ance B. COUNTY contributing cause stermined cause; (5) LTIMORE MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) CITY OR TOWN (If outside city limits, write RURAL and give township) attend 2 INSTITUTION 0 - Dundalk aniversity Hospital prior MARYLAND-MORE occurred OL BIRN RD. 002 (4) Undetermined in regular is mad 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, MEVER MARRIED If Under 1 Yr. Months: Doys deceased Smos, WIDOWED, DIVORCED (specify) CAU Never Married IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY death final disposition done during most of working life, even if retired) MARYLAND. NF Was the 13. FATHER'S NAME direct EORGE IMPORTANT assistant death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) kind; 6. SOCIAL SECURITY NO. attendance NO None any pronounced Or DISEASE OR CONDITION DIRECTLY med fracture of LEADING TO DEATH (This does not mean the mode of dying, e.g., embai regular heart failure, asthenia, etc. It means the disease, examiner. injury or complication which coused death.) CTOR who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if ony, DIRE 3 rise to the obove couse (A) stoling the 2 physician UNDERLYING CONDITION lost. medical remains Was medical burns; FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the chief (2) Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No! 20 B. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? ONGENITAL HEART DIS YES

ING | 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID
home, form, foctory, street, office bldg., INJURY OCCUR? 21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF by before ere (II in Boltimore City, give exact location) to the hospital AL °Z. DEATH (notily medical examiner) etc.l any nature; ž Š MEDIC obtained 21 D. TIME 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 OF INJURY approved (except Not While While At (APPROX) Work At Work ; and 22. I certify that (I) (this hospital) attended the deceased from _____and that in(my) (aur) apinion death accurred on the date pe that (1) (we) lost saw the deceased alive an.... of hospital death) the body was released shows: (1) An accident and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady ofter death. must 238. DATE SIGNED 23A, SIGNATURE Attending Med. Stoff 0 Phys. Director approval 0 23C. PHYSICIAN'S prior 23D. ADDRESS q NAME (Type) was D.O.A. 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY eceased REMOVAL (Specify) decease Baltimore, Maryland 7/7/67 Burial Oak Lawn Cemetery 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/65

ADDRESS

If Under 24 Hrs.

Hours

23

4.5.L

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF WHAT COUNTRY?

5

BALTIMORE CITY HEALTH DEPARTMENT

John J. Duda 7922 Wise Ave. Dundalk, Md.

05c0 10 5c0 5c0 5c0 5c0 5c0 -2 -2 1 18 -43 MAY 4-H 12 10 2 1/2/27 Edit MERYCHED CHAYAN LAKENOL. THE FEIGHT. FERRES. WALKER. HOSPITAL CHARTI Tales Conserving here in Tale of the Carlo CHILL 2 BEETEL MAINERSITY HOSP CALL IN . A Third Court Set Table 1 below

TOR: IMPORTANT miner or his assistant if death occurred in a hosp miner. Also, if the direct or contributing cause	RAL DIRECTOR: IMPORTANT medical examiner or his assistant if death occurred in a hosp medical examiner. Also, if the direct or contributing cause	FUNERAL DIRECTOR: IMPORTANT death occurred in a hosp ospital by a medical examiner. Also, if the direct or contributing cause	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
miner or his assistant if death occurred miner. Also, if the direct or contribution of any kind: (4) Undetermined	medical examiner or his assistant if death occurre medical examiner. Also, if the direct or contribut the direct or contribut the direct or contributed of any kind: (3) Independing	FUNERAL DIRECTOR: IMPORTANT ad by the chief medical examiner or his assistant if death occurre aspital by a medical examiner. Also, if the direct or contribut there. (2) Body hurs. (3) A fracture of any kind: (4) Undetermined	st be approved by the chief medical examiner or his assistant if death occurre ased to the hospital by a medical examiner. Also, if the direct or contributent of any nature. (2) Body huns: (3) A fracture of any kind: (4) Undetermined
TOR: IMPORTANT miner or his assistant if a miner. Also, if the direct fracture of any kind; (4) (RAL DIRECTOR: IMPORTANT if of medical examiner or his assistant if or medical examiner. Also, if the direct burns; (3) A fracture of any kind; (4) (FUNERAL DIRECTOR: IMPORTANT of by the chief medical examiner or his assistant if cospital by a medical examiner. Also, if the directives; (2) Body burns; (3) A fracture of any kind; (4) (1)	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
TOR: IMP iminer or his miner. Also, fracture of of	RAL DIRECTOR: IMP medical examiner or his medical examiner. Also, burns; (3) A fracture of c	FUNERAL DIRECTOR: IMP of by the chief medical examiner or his ospital by a medical examiner. Also, iture; (2) Body burns; (3) A fracture of c	st be approved by the chief medical examiner or his ased to the hospital by a medical examiner. Also, lent of any nature; (2) Body burns; (3) A fracture of c
13 0 -	RAL DIREC medical examedical exa	FUNERAL DIRECT by the chief medical exact ospital by a medical exact of the control of the contr	st be approved by the chief medical exassed to the hospital by a medical exalent of any nature; (2) Body burns; (3) A

NAME OF DEC	EASED		W. Earl Teet	2. [7-6-67		
PLACE OF DE	ATH IN BALTIMORE MA	,	EEIS	14. USUAL RESIDEN		If institution: residence before admission	
				A. STATE	B. COUNTY	1	
FULL NAME O	F (If not in hospital oddress or location		give street	C. CITY OR TOWN		ite RURAL and give township)	
INSTITUTION					b Dundalk		
2110	il na - 1		10.	D. STREET ADDRESS (If rurol, give locotion)			
200	HURCH HO	ME 4	HOSP.	1911	Sun berry	Rd.	
SEX Po	6. RACE	7. MARRIED WIDOWE Marr	D. DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
DA. USUAL OCC	UPATION (Give kind of work		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF	
	working life, even if retired)	D-Abl.	-h C4 7 C-	West Vir	ginia	WHAT COUNTRY?	
Supt. Shi	-	Berute	ehem Steel Co.	00	gun	usic.	
1		grade		14. MOTHER'S MAIL			
	y Teels				Homer		
5. Was Deceased (es, no or unknown NO	Ever in U. S. Armed For (If yes, give wor or dote	ces? es of service)	16. SOCIAL SECURITY NO. 213-07-2030	17. INFORMANT	Vena Teets	Dundalk, Md.	
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		HEALTH DEPARTMENT	1/	NA OLOO				
	3528 CERTIFICA	TE OF DEATH	Registered No.	6528				
I. NAME OF DECEASED (Type or Print) OF ARPEN TER	Houston D. Carp	enter 2. DATE AN 7/7/67/	D HOUR OF DEATH	10:30 P.				
3. PLACE OF DEATH IN BALTIMORE, MARYLANE		4. USUAL RESIDENCE (When	e deceased lived. If institu	tion: residence before admission				
FULL NAME OF (If not in hospital or instit	ution, give street	MARYLAL	∪ △ Baltimo					
Maryland General Hospi	ital	C. CITY OR TOWN (If out	side city limits, write RUR	and the second s				
40 14617		1 0 11 h	rurol, give location)	1 10				
18		0 100	246116 140.	e- #19				
Male White W	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) [arried (7/20/93	lost birthdoys 73 M	Under 1 Yr. If Under 24 Hrs.				
done during most of working life, even if refired) Retired—Machinist Bet	thlehem Steel Co.	Virgini	8. 1	U. S. A.				
13. FATHERS NAME TETFERSON CA	ARPENTER.	14. MOTHERS MAIDEN NAM	BELLE	DAGY				
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT (Wife)	Edgemere,	Md. ^21219				
Yes WWII	234-34-7			400 Estelle Ave.				
DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH				
LEADING TO DEATH	(A) H	SCVD-		201/2.				
(This daes nat mean the made of dying, heart failure, asthenia, etc. It means the dis	sease,	4		9				
injury ar complication which caused death.) ANTECEDENT CAUSES	(B) CO	UGESTIUE	FAILURE	/ weal				
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rise to the above cause (A) stating) the (C)	neverones) ***} * • • • • • • • • • • • • • • • •	2 dongs				
				0				
OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE PAISUA	IONIA -						
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	208. IF YES, WERE FINE IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If in Boltimore Ci	ty, give exact lacation)				
OF INJURY (Month) (Doy) (Year) (Hourt		21 F. HOW DID INJ	URY OCCUR?					
(A PPROX.)	While At Work Not While At Work							
22. I certify that (I) (this hospital) attended the deceased from 7-6 19 67 to 7 19 67								
that (1) (we) last sow the deceased alive	/ /		ot in (my) Tour) opinior	death occurred on the dat				
and hour and from the causes stated about 23A. S/GNATURE	ive. (I) (We) (did) (did not)	riew the body ofter deoth.	122	B. DATE SIGNED				
V 11111 K. 10)	M.D. Atte	ending Med.	Stoff Phys.	7/1/67				
23GPHYSICIAN'S NAME (Type)	71 1000	23 D. ADDRESS	ral Hospital,	Balto. Md.				
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City, 1	awn, ar county) (State)				
Burial 7/11/67	Meadowridge Mem.	Park Cem.	Dors	sey, Maryland				
	Sent E Falley MA	John J. Duda,	7922 Wise Ave	ADDRESS Dundalk, Md.				
VS 150-REV. 1/1/65		0 6 5 3 0						

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such expressed prior to death was in regular attendance or the deceased prior to death.	
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A.E. CASE NO.		6529_{C}	ERTIFICAT	E OF DE	AIH	Registered N	R-434	5529
NAME OF DE	CEASED					D HOUR OF DEAT		3020
ype or Print)				ľ		6, 1967	1	1.500
	. Katie Harma				ENCE (When	e deceased lived. I	f institution: residence	e before odmission
				A. STATE	B. COUN	TY		
FULL NAME		or institution, give stree		Maryland		aida aitu limitaei	te RURAL ond give	tourne him
INSTITUTION						side city innits, wit	TE KOKAL ONG GIVE	77.3
0				Baltimor D. STREET ADDR		rurol, give location)		7 0
Bolton	Hall Nursing	Home		1520 G1	enesel	e Rd.		
SEX	6. RACE	7. MARRIED, NEVER	MARRIED B	DATE OF BIRTH	. 1		If Under 1 Yr. Months Doys	If Under 24 Hi
emale	White	Widowed DIVOR		July 19	. 1880	9. AGE (In years last birthday)	Months Doys	Hours Min.
	CUPATION (Give kind of work				-		12. CITIZEN O	F
	t working life, even if retired)			Manueland			WHAT CO	States
	sewife	At Home		Maryland 4. MOTHER'S M		AE	Onleed	States
FATHER'S NA								
Georg	ge Pickering			Drucill	1a Pic	Kering		
. Wos Decease	d Ever in U. S. Armed For		URITY NO.	7. INFORMANT			ADDI	RESS
No				Mr. Emma	nuel G	. Harman	106 S. Bro	adview B
1B. / /	0.01		CAUSE OF		2200 0000 0	7,2000 000002	INTER\	AL BETWEEN
DISE	ASE OR CONDITION DI	DECTIV					ONSET	AND DEATH
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(This does	not mean the mode of	dying, e.g.,	DUE TO		20 ,200			
	e, osthenio, etc. It meons emplication which caused							
injury or co			(B)					
	ANTECEDENT CAUSES		(B)DUE TO		*			
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DISEASES	ANTECEDENT CAUSES	any, giving						
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1	07 050	BALTIMORE CITY	HEALTH DEPARTMEN	IT	CP CEOO
BI	RTH NO. 67. 653	CERTIFICA	TE OF DEAT	H Registered No	. 67 6530
1.	R. CASE NO. NAME OF DECEASED yoe or Print) T K	· //.	2. DA1	E AND HOUR OF DEATH	7 24 #
	PLACE OF DEATH IN BALTIMORE MARYLAND	elly	JUL HELLAL BESIDENCE	46, 190%.	institution: residence before admission)
3.	FLACE OF BEATH IN BALLIMORE, MARILAND		A. STATE B. C	COUNTY	institution; residence before domission;
	FULL NAME OF (If not in hospital ar institution, oddress or location) INSTITUTION	give street	C. CITY OR TOWN	(If autside city limits, write	RURAL and give lawaship)
	J. Harford Gardens Nur	sino Home	Baltimor	(If rural, give lacation)	41.02
	10 /100/0000 900000000000000000000000000			rode Ave.	
11.	Temale 6. RACE 7. MARRIED, WIDOWET WIDOWET WIDOWET	NEVER MARRIED D, DIVORCED (specify)	10/18/1878	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF ne during most all warking lile, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
0.0	Costume Maker		Md.		U.S.A.
13	FATHERS NAME		14. MOTHER'S MAIDEN	NAME	
	Jeseph Commended		Rosa R.	Wale	
1.5	Joseph Sauerwald Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	MOTI	ADDRESS
l (T	es,no or unknawn) (If yes, give wor or dotes of service)	219-01-9124	Mrs. Agnes	B. Seinn 160	1 Abbottston St.
-	18.	CAUSE O		21 -C1pp 100	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A) (Des esse as	11 Dan Oud	110
	(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO) Color	
	injuly or complication which coused death.)	(To a mich a	1 Colors	111
	ANTECEDENT CAUSES	(B)	John Mari	ystille	
	DISEASES OR CONDITIONS, if any, giving	0	, long	Do ne 6 X	2150
	rise to the above cause (A) stating the UNDERLYING CONDITION last,	(C) <u>Q</u>			
	II	0-1	1	1 - 6 0	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TH	g selule	y - see	eday all	wee
14	DISEASE OR CONDITION CAUSING IT.	Mal	Meet	av Nall 208 15 VES 11170	E EINDINGS CONSIDERED
PTICIC	19A. DATE OF OPERATION 19B. CONDITION FOR Y	WHICH OFEKATION	20A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CEB	21A. ACCIDENT WAS UNDERLYING 218	PLACE OF INJURY (e.g., i	n ar abaut 21 C. WHERE D	tD (If in Bottime	are City, give exoct locotion)
I V	OR CONTRIBUTING CAUSE OF hometo.	ne, form, factory, street, a			14 9
10244		INJURY OCCURRED		NJURY OCCUR?	
	(APPROX) Wh	ile At Not While	• 🗆	^	
	22. I certify that (1) (this hospital) attended t	he deceased from	July 3	1967 to	ely 6 1967
	that (1) (we) last sow the deceased alive on	July	60 1967 al		pinian death occurred on the date
	ond hour and from the couses stated above. (1) (We) (did) (did not) v	6		
	23A. SIGNATURE		/		238, DATE SIGNED
	Wetter R. (Sude	NAME M.D. Atte	ending Med. S. Director	Stoff Phys.	July 6 167
	23C. PHTS CIAN'S NAME (Type)		23D. ADDRESS		11
	Walter A. Anderson	M.D.	3001Shannen	Drive Balto.	Md.
24		AME of CEMETERY OF CRI	EMATORY 2	4D. LOCATION (City, tawn, or caunty) (State)
		loly Redeemer	Cem.	Balto. Md.	
25		OF REGISTRAR	25C. FUNERAL DIRE	CTOR	ADDRESS
	JUL 10 1967 R. Coul	E STORWAR	Leonard	f. Kuck, In	c.Balto.Md.21214
1	150 BEV 1/1/45	J-1 11	0 5	U	

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A Committee of the land of the committee of the committee

IMPORTANT FUNERAL DIRECTOR: the chief medical

examiner.

medical

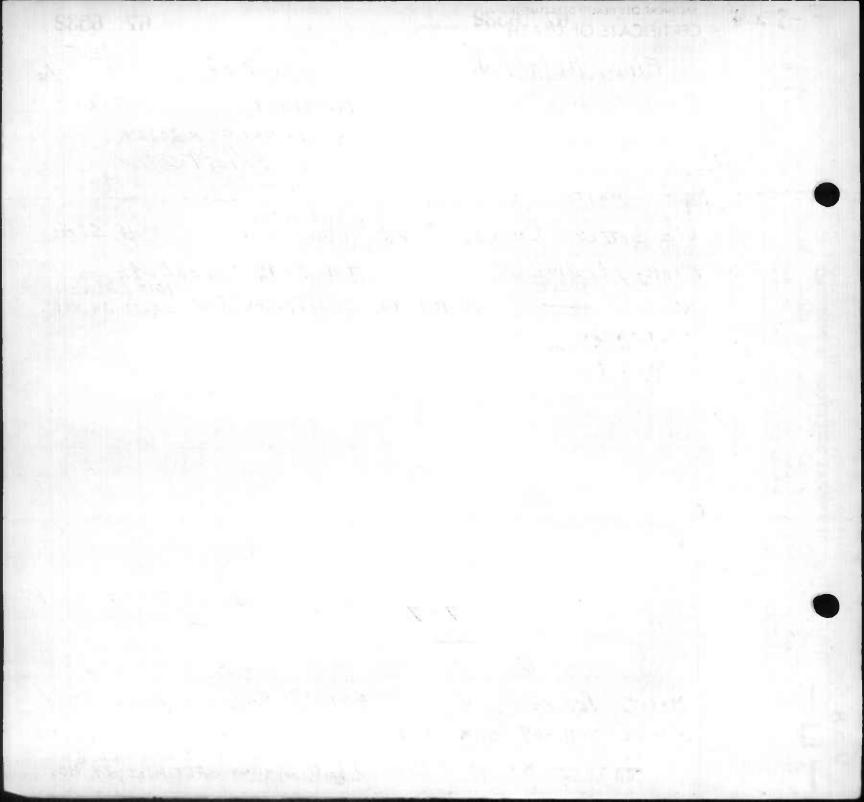
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the body was released to the hospital

death

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. RTIFICATE OF DEATH the irect or contributing cause of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) LO 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A. STATE

B. COUNTY ance deat A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) attend 0 prior disposition is made. in regular 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours : Min. deceased WIDOWED, DIVORCED (specify), Hours Vever Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? even if retired) Was the 13. FATHER'S NAME death 0 U. S. Armed Forces? 1010 5 ABL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 215-to any pronounced 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does na) mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving <u>e</u> lo lhe obove cause (A) stoting the physician remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the (2) Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION the WAS PERFORMED ele. 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exoct locotion) °Z MEDICAL DEATH (notify medical examiner) etc.) An accident of any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except Not While While At (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 1967 that (I) (we) last saw the deceased alive anand that in(my) (aur) apinion death accurred on the date death) hospital and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. must 23A. SIGNATUR 23 B. DATE SIGNED Attending Phys. M.D. Med. 0 Director approval 0 23 C. PHYSICIAN'S NAME (Type 23D. ADDRESS prior ģ was D.O.A. deceased parities ap 24A. BURIAL CREMATION. REMOVAL (Specify) 7225 EASTERN BLUD. BA, CO., MD. shows: BURIAL 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR S, CONKLINADDRESS



BIRTH NO. 67 65	522	HEALTH DEPARTMEN		67 6533
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEAT	H Registered No.	01 0000
1. NAME OF DECEASED (Type or Print)		2, DA	TE AND HOUR OF DEATH	1. 5 004
PUKK MICHAEL 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		TA LICUAL RESIDENCE	(Where deceased lived If in-	• 45AM Astitution: residence before admission
ST AGNES HOSPITAL	ion, give street	A. STATE MARY LA	ND	Balto Co,
HOSPITAL OR oddress or locotion)		BALTIMOR		RURAL and give township)
40 ST. AGNES HOSPITAL	-	D. STREET ADDRESS	(If rurol, give location) ANGFORD RD	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 10-28-01	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED (Welder)	orn. Iron Eks.		(Estonia)	ESTONIA
3. FATHER'S NAME		14. MOTHER'S MAIDER	NAME	
Alexander Pukk		Elizabe	th Koppli	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown)(If yes, give war or dales of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ves, give will divise at selv	216-36-6851	OLD ADMI	SSION SLIP 5	-23-67
18. / 7 7 VI	CAUSE O			INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	1 D.	4 + 1.	. A +	ONSET AND DEATH
LEADING TO DEATH	(A) Me	hastatic	, jours car	`Q
(This daes not meon the made of dying, heart failure, osthenio, etc. It means the disc	e.g., DUE TO		mostat	
injury or complication which caused deoth.)		uciaom	0	
ANTECEDENT CAUSES	(B)DUE TO		= H • • • • • • • • • • • • • • • • • •	- ClayAdd (= 0 0 0 000 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, gi				
rise to the above cause (A) stating	and the second s	044400000000000000000000000000000000000		
UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
E ()		\mathcal{N}		0000 01 000000
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE I ffice bidg., INJURY OCC	OID (If in Baltimore UR?	e City, give exact lacation)
21D. TME (Month) (Doy) (Year) (Hour)	21 E, INJURY OCCURRED	21 F. HOW DI	D INJURY OCCUR?	
(APPROX.)	While At Not While Work At Work	e		
			1967 to 7=8	1967
22. I certify that (1) (this haspital) attend		7-7-67		
that (IX(we) lost sow the deceased alive				nian death occurred on the do
and hour and from the couses stated above	veX(1) (We) (did) (did nat) $veX(1)$	view the body ofter d	eoth.	
23A. SIGNATURE	1 / .			23 B. DATE SIGNED
J. Kork	M.D. Att	ending Med. Director	Stoff Phys.	7-8-67
23C. PHYSICIAN'S NAME (Type) J. KOR	BULY M.D.	23D. ADDRESS		CATONEWILKENS
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR			ity, town, or county) (Stote)
BUYTaTcity) 7/10/1967			Woodlawn, Ma	
** * * * * * * * * * * * * * * * * * *				
	ME OF REGISTRAR	25C. FUNERAL DIR	ECTOR	ADDRESS
JUL 10 1967 (12.02)	b. E. starberger	The al	wery Ty	neral hume
VS 150-REV. 1/1/65		0 00	MOOGIE	awn, Md.

PERMISE MICHAEL

STIMM STAN

LATINGUES DOSPITAL

ST. LANES WOSEITAL

SALTIMORE 21207

OR OROTEMA: EFET

10-20-01

DLU ADMISSION SLIF 9-28-67

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TO-8-7

ST LEMES AL SPITAL -CATONEWILMENTS

This certificate must be approved by the chief medical examiner or his assistant if death occurrence the body was released to the hospital by a medical examiner. Also, if the direct or contributions: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine was D.O.A. at a hospital (except where the physician who pronounced death was in regula deceased prior to death); and (6) No physician was in regular attendance on the deceased written approval must be obtained before the remains are embalmed or final disposition is made		ath occurr	or contribu	ndetermine	in regula	deceased	tion is mad
ris certificate must be approved by the chief medical examiner to body was released to the hospital by a medical examiner. Tows: (1) An accident of any nature; (2) Body burns; (3) A fracturate D.O.A. at a hospital (except where the physician who provided prior to death); and (6) No physician was in regular ritten approved must be obtained before the remains are embal	IMPORTANT	or his assistant if de	Also, if the direct o	e of any kind; (4) Un	nounced death was	attendance on the	med or final disposit
nis certificate must be approved by the le body was released to the hospital blows: (1) An accident of any nature; (2) as D.O.A. at a hospital (except where preased prior to death); and (6) No plained before	UNERAL DIRECTOR:	chief medical examiner	y a medical examiner.	Body burns; (3) A fractur	the physician who pror	nysician was in regular	re the remains are embal
	F	nis certificate must be approved by the	ie body was released to the hospital by	nows: (1) An accident of any nature; (2)	as D.O.A. at a hospital (except where	eceased prior to death); and (6) No ph	ritten approval must be obtained befor

67. 6534 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 67.	6534
M.E. CASE NO.	
(Type of Print) ZETP, JOSEPH 9. JULY 6, 1967	11:40 P.
A. STATE B. COUNTY	sidence before admissi-
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR JNSTITUTION (If outside city limits, while RURA) and	give township)
GARANKLIN SQUARE HOSP D. STREET ADDRESS IT TUTOL, give lacotion)	32-00
SEX A 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19, AGE (In years If Under Marries) Marries M	r 1 Yı If Under 24 F
WIDOWED, DIVORCED (specify) 12/8/10 lost birthday) 6 Months	
	ZEN OF AT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	4.5
GEORGE ZEPP IDA TRAYERS	ADDRESS
15. Was Deceased Ever in U. S. Armed Farcas? (Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO. 236-14-9424 17. INFORMANTIC TO THE SECURITY NO. 236-14-9424 18. SOCIAL SECURITY NO. 236-14-9424 19. SOCIAL SECURITY NO. 236-14-9424 256-14-9424 266-14-9424 266-14-9424 276-14-9424	ame Ast
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CARCINOMA of the CUNG	± 12 405
(This does not meon the mode of dying, e.g., DUE TO heart laiture, asthenia, etc. It means the disease, injury or complication which caused deoth.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, it any, giving rise to the obove cause (A) stating the (C)	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF DESTRUCTION WAS PERFORMED	CONSIDERED DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID 10 more, form, foctory, street, office bldg.,	e exact lacation)
DEATH (notify medical examiner) etc.)	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
22. I certify that (I) (this haspital) attended the deceased from 7 5 19 67 to	19
that (1) (we) lost saw the deceased alive on 7/6 19/6/2 and that in(my) (aur) apinion deat	th accurred on the
and hour and from the couses stated above. (I) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE	E SIGNIED
Render Columner M.D. Attending Med. Staff Phys. 7/	6/67
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS Course Co	80
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, 16wn, o	or county) (Sta
Burial July 10,1967 Glen Haven Mem. Park Glen Burnie)	Mary land
25A. DATE RECOLL HAD HIST 125S NAME OF REGISTRAR 255 FUNERAL DIRECTOR 5, 74 /g/c, to	Transful H
VS 150-REV, 1/1/65	purne, MA

Maryland Amer Aranda Colon Bain's Road E 141 Sugare Burne Taly 10, 1967 Colon Haven Man. Park Storn Burnie

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

7.0	w o	65.	BALTIMORE CIT	Y HEALTH	DEPARTMENT		CM	6535	
BIRTH	140.	65.	CERTIFICA	ATE C	F DEATH	Registered	Na. O	0000	
.NA	ME OF DECEASED			-	2. DATE A	ND HOUR OF DE	ATH		
	or Print)	DA	BERNGARTT		JULY	4. 1967		3:30P	17 N
. PL	ACE OF DEATH IN BALTIMORE,	MARYLAND		A. STAT	E 8. COU	ere deceased lived NTY	. If institution	n: residence before odr	mission
H	ILL NAME OF (If not in hosp DSPITAL OR address or loc STITUTION	pital ar institution cotian)	, give street	c. city	OR TOWN (IF O	utside city limits,	write RURAL	ond give township)	
B	ELVEDERE NURSING	HOME			TIMORE			13	-(
2	525 W. BELVEDERE	AVENUE				f rurol, give locatio		UTTIM DIAGE	
. SEX	K 6. RACE		D, NEVER MARRIED		PLANADE APA	P. AGE (In years	2525 E	nder 1 Yr. If Under	24 Hrs
7-	EMALE WHITE	WIDOW	ED, DIVORCED (specify)	WAY	1 60 /	lost birthday)	Mont	hs Days Hours	Min.
DA. L	JSUAL OCCUPATION (Give kind of		WIDOW OF BUSINESS OR INDUSTR	Y 11. BIRTI	1894 TLACE (State or for	eign country)	12. 0	CITIZEN OF	
	during most of working life, even if relia		T HOME	MI	EW YORK CIT	rv		USA	
	OUSEWIFE	A	I_IIOML_		HER'S MAIDEN NA			usn	
1.1	ATUAN DUDTNION			PI	DTUA TEDOI	Ξ <i>η</i>			
5. W	ATHAN BURTNICK	Forces?	1 6. SOCIAL	17. INFO	RTHA TEPSE	- ^		ADDRESS	
	na arunknown) (If yes, give war ar	dotes of service		100		1711700	107 TEN	וחוד מוחסדוו	1.07
N	8. 4 7 0 1		220-48-1883 CAUSE 6	MRS OF DEATH		HILLIPS, 4	10/ IEM	IPLE GARDEN	
	DISEASE OR CONDITION	DIRECTLY	0,,000		0 0	50		ONSET AND DEA	
	LEADING TO DEA		(A)	Ca.	of Bres	10			
	This daes nat meon the made		DUE TO	(7				
	njury or complication which cau		0,						
	ANTECEDENT CAL	ISES	(BI						
	DISEASES OR CONDITIONS,		9						
	ise Ia Ihe above cause UNDERLYING CONDITION Iasi.		(C)		0 000 M 000 00 M 000 000 00 00 M M 000 00 00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
-	11	·							
N I	OTHER SIGNIFICANT CONDITION								
₹	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSII		THE						
EKIIPIC L		PERFORMED	WHICH OPERATION	20 A.	AUTOPSY? (Yes or h	IN CERTIFYING	VERE FINDING CAUSES C	GS CONSIDERED OF DEATH?	
0 2	TA. ACCIDENT WAS UNDERLYINDER CONTRIBUTING CAUSE OF	IG 2	B. PLACE OF INJURY (e.g., ome, form, foctory, street,	in or obout	21 C. WHERE DID	(If in Bo	ltimare City,	give exact location)	
< [DEATH (notify medical examiner)	e	tc.)						
2 2 2 C	TD. TIME (Month) (Doyl (Y	earl (Hourl 2	E. INJURY OCCURRED		21 F. HOW DID IN	JURY OCCUR?			
2	APPROXI		Vhile At What What Work At Work						
2	2. I certify that (I) (this hosp	oital) attended	the deceased from		/-	196 5 to		7-4 191	57
	hot (I) (we) last saw the dece			L/ 19	(-) and :) oninion d	leath occurred on t	
					_ /		, opinion o	decin occorred on r	110 00
	and hour and from the couses	stores goove.	(I) (me) (aid) (aid not)	view the	body offer death.	•	22 R F	DATE SIGNED	
		X M.		tending 🔎	Med.	Stoff	7		
2	3C. PHYSICIAN'S	Olle	eful Ph	ys.	Director	Phys.		-5-6	2
1	NAME (Typel			23 D. ADD	KE33				
		ROME COL			2217 SOUTH				
	BURIAL CREMATION, REMOVAL (Specify)		NAME of CEMETERY of C	REMATORY	24D.	LOCATION	(City, tow	n, or countyl (Statel
5A.	BURTAL 7/6/6	7 BA	LTIMORE HEBREW	25C.	FUNERAL DIRECTO	BALTIMORI	E, MARY	LAND	
	WILL 1 0 100	7 1009	10 Z. 1	0 90	I PEVINSON	18 BROS.	INC A	010 REIST.	RE
5 15	50-REV. 1/1/65	1 0000	J-C, Wadde, 14	120	- FRATIADOIA	JU 211004			

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This	the body was released	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
-	_	41		_	

67 6536	ALTIMORE CITY HEA			67 6536
M.E. CASE NO.	ERTIFICATE	OF DEATH	Registered No.	67 6000
1. NAME OF DECEASED (Typo or Print) MOLLIE FRIET	DMAN	2, DATE A	ND HOUR OF DEATH	3 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4, U	TATE B. COU	oro deceased lived. If ins	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution, give stroe HOSPITAL OR oddress or location)	c. M	ARYLAND	utside city limits, writo R	URAL and give township)
3408 WALBASH AVENUE	D.		frural, give location)	15-11
		408 WALBASH		
FEMALE WHITE MARRIED	(CED (spocify)		9. AGE (In years lost birthdoy) 71	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working life, even if retired)	SS OR INDUSTRY 111. I	STRTHPLACE (State or for	oign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	14	BALTIMORE,	MARYLAND	USA
13. FAIRERS NAME	14.		CIVIE	
UNKNOWN 15. Was Deceased Ever in U. S. Armed Forces? 16. SOC	IAL 17. I	UNKNOWN NEORMANT		ADDRESS
(Yos, no or unknown) (If yos, give wor or dotes of service)	URITY NO.			
NO UNL	CAUSE OF DE		RIEDMAN, 340	8 WALBASH AVENUE
DISEASE OR CONDITION DIRECTLY		- 71	1 0 11	ONSET AND DEATH
LEADING TO DEATH	(A) DUE TO	croe //	Comboo	3.290
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 1-	- 0 - 4	Hart Disa	1-10-1
ANTECEDENT CAUSES		wellste 1	Yall Dison	200
DISEASES OR CONDITIONS, if ony, giving	DUE TO	200		
rise to the above couse (A) stating the UNDERLYING CONDITION tast.	(C)		• • • • • • • • • • • • • • • • • • • •	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		HOTE		
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH C	PERATION 2	OA. AUTOPSY? (Yos or N		INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C		no	IN CERTIFYING CAU	JSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in or of foctory, street, office b	bout 21 C. WHERE DID ldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY	OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.) While At Work	Not While At Work		4	
22. I certify that (I) (this hospital) attended the dece	ased fram	July 8	19 62 10	ly 5 1967.
that (I) (we) last saw the deceased alive on	ely 5 C	19 6 7 and 1	hat in (my) (aur) opin	nian death occurred an the date
and haur and fram the causes stated above. (1) (#e) (did) (did no t) view	the bady after death.	•	
23A. SIGNATURE Lam	M.D. Attending	Med.	Staff Phys.	23B, DATE/SIGNED 7/5/67
23C. PHYSICIAN'S NAME (Typo) MANUEL LEUIN	M.D. 23D.	4818 RE	ISTER STOL	WN RO BALTO MI
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CREMOVAL (Specify)	CEMETERY OF CREMAT	ORY 24D.	LOCATION (Cit	y, town, or county) (State)
BURIAL 7/6/67 CHIZUK	AMLINO LARLIN	IGTON)	BALTIMORE, M	IARYLAND
25A. DATE RECOULTED 1967 PSB NAME ET RECO	Libror M. B.	5C. FUNERAL DIRECTO	R	, 6010 REISTERSTOWN
VS 150-REV, 1/1/65		SOT TENTINSON	3	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such FUNERAL DIRECTOR: IMPORTANT

	CH CF	37. CEDITIELS	HEALTH DEPARTMENT	\/	67 6537		
		CERTIFICA	TE OF DEATH	Registered No.	01 0001		
1.1	E. CASE NO. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH			
(Ту	pe or Print) Francis (Frank)	X. Ely	July	4. 1967	2.30 Pm.		
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re deceased lived. If ins	titution: residence before admission)		
			Maryland		_		
	FULL NAME OF (If not in hospital or institut oddress or location)	ion, give street	C. CITY OR TOWN (If our	Balto.	Co.		
1	INSTITUTION				A CONTRACTOR OF THE STATE OF TH		
	3 /		200000000000000000000000000000000000000	ver	3-00		
1	P-14 Oite II		1705 Wilson	Point Rd.	-1-20		
5. 3	Balto City Hosp.	RIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.		
		WED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.		
102	A. USUAL OCCUPATION (Give kind of work 10B. KINI			'-	12. CITIZEN OF		
	ne during most of working life, even if retired)				WHAT COUNTRY?		
Re		Self Emp.	Baltimore Md.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	George Ely		Emily Alexande	er			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	200 000 -	216-32-8913	1/ma 12 Cont 1	loomo Tomo	Dd Downe Uall		
-	Yes W.W.1	1 - 2 7 - 7 - 7	F DEATH	goore Joppa	Rd. Perry Hall		
	DISEASE OR CONDITION DIRECTLY		#		ONSET AND DEATH		
	LEADING TO DEATH	(A) Ce	ronay the	mlosur	3 whs.		
	(This does not meon the mode of dying, heart foilure, asthenia, etc. Il means the dise	e.g., DUE TO					
	injury or complication which coused death.)	SCVD		10 200			
	ANTECEDENT CAUSES		~******************	100			
	DISEASES OR CONDITIONS, if ony, gi	ving					
	rise to the obove couse (A) stoling	the (C)					
	UNDERLYING CONDITION lost.						
z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING C 11					
ATIO	TO THE DEATH BUT NOT RELATED TO		good				
FICA		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED		
ERTIF	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?		
E CE	27A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
AL.	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	office bldg., INJURY OCCUR?				
5	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?			
ME	OF INJURY	While At Not Whi		OKI OCCOK:			
	(APPROX.)						
1	22. I certify that (I) (this hospital) attended the deceased from 19 > 4 to July 19 67.						
	that (1) (wa) last sow the deceased alive	on July 3	19 67 ond th	at in (my) (out) spin	ion death accurred an the date		
	and haur and from the sauses stated above	e. (1) (We) (did not)					
	23A. SIGNATURE	1	-		23 B. DATE SIGNED		
	March 11/	Cerr M.D. Att	ending Med.	Stoff Phys.	July 5,67		
	23C. PHYSICIAN'S	,	23 D. ADDRESS	,	1-101		
	NAME (Type) Charles M.	Kerr M.D.	6801 Be	lain Re	1 Ballinge 6		
244	A. BURIAL CREMATION, 24B, DATE 24	C. NAME of CEMETERY of CR		OCATION (Cit	/ Comments		
27	REMOVAL (Specify)	C. HAME OF CEMETERS OF CR	EMAIORI 240. L	OCATION (City	, town, or county) (State)		
	Burial 7/7/67	Gardens Of Faith	Cem Ba	altimore Md			
25/	JUL 10 1967 A DEL	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
	ANT TO 1801 OF CA	DE, tarlieuma	Assahn Funer	ral Home 7401	Belair		
VS	150-REV. 1/1/65		0 3 1				

Charles M. Herr Eres Ballow

	050	BALTIMORE CITY	HEALTH DEPARTMEN	T	F2 MA	0-00
BIRTH NO.	67 653	CERTIFICA	TE OF DEATI	H Registered	No. 67	6538
M.E. CASE NO.	AW (Shawe)				A 744	
1. NAME OF DECEASED (Type or Print)	AWE,	NORMAN)	Y, 2.0A1	6/28	167	10.10 "
3. PLACE OF DEATH IN BALTIMOR	E MARYLAND		4. USUAL RESIDENCE (Where deceased lived.	Il institution: residence	before odmission)
FULL NAME OF (If not in he HOSPITAL OR oddress or INSTITUTION	ospital or institution, location)	give street	i I		write RURAL and give t	oweship)
42 WAL 11000		24.7	BALTIM		d	1-13
1	AL OF	BALTIMORE	D. STREET ADDRESS	(If rurol, give location W: BELVE	DERE	
5. SEX 6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	3/14/9-	9. AGE (In years lost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind done during most of working tife, even it is	ol work 108, KIND O		11. BIRTHPLA CE (Stote of	r foreign country)	12. CITIZEN OF	
Painter	Con	mercial	19d.		USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
XXXX	XXXXX Fris	by T. SHOW		XXXXXXXX An	nie M. Jacol	98
15. Wos Deceased Ever in U. S. Am (Yes, no or unknown) (If yes, give wor		16. SOCIAL SECURITY NO. 214 01 9922	17. INFORMANT	han 2622 W	ADDR	MQ.
WW I		CAUSE 0		DIEM 2022 M.	Belvedere	AL BETWEEN
DISEASE OR CONDITION				- of exon	ONSET	AND DEATH
(This does not meon the man heart failure, asthenia, etc. It injury or complication which	meons the diseose,	DUE TO	Carcinoma c obs	truction	J	
ANTECEDENT C	AUSES	(B)		######################################		
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OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner	YING 216	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE D	ID (II in Bol	ltimore City, give exact	locotion
21D. TIME (Month) (Doy) OF INJURY (APPROX.)		LINJURY OCCURRED hile At Not While At Work	e 🖳	INJURY OCCUR?		
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23A. SIGNATURE	Vachan	M.D. All	ending Med.	Stoff 5	23B. DATE SIGN	IED // 7
23C. PHYSICIAN'S	. / _	Phy	s. Director L	Phys.	10/20/	6/
NAME (Type)		M.D.		spital, Bal	timore, Mar	yland.
24A. BURIAL CREMATION, 24B. D. REMOVAL (Specify) Burial 7-1		ame of CEMETERY of CR		Balto. Co	· Maryland.	ty) (Stote)
25A. DATE REC'D BY HEALTH DEP		OF REGISTRAR	25C. FUNERAL DIRE		_	DRESS
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VS 150-REV. 1/1/65			0 5 7	Ü	Balto.	Md.

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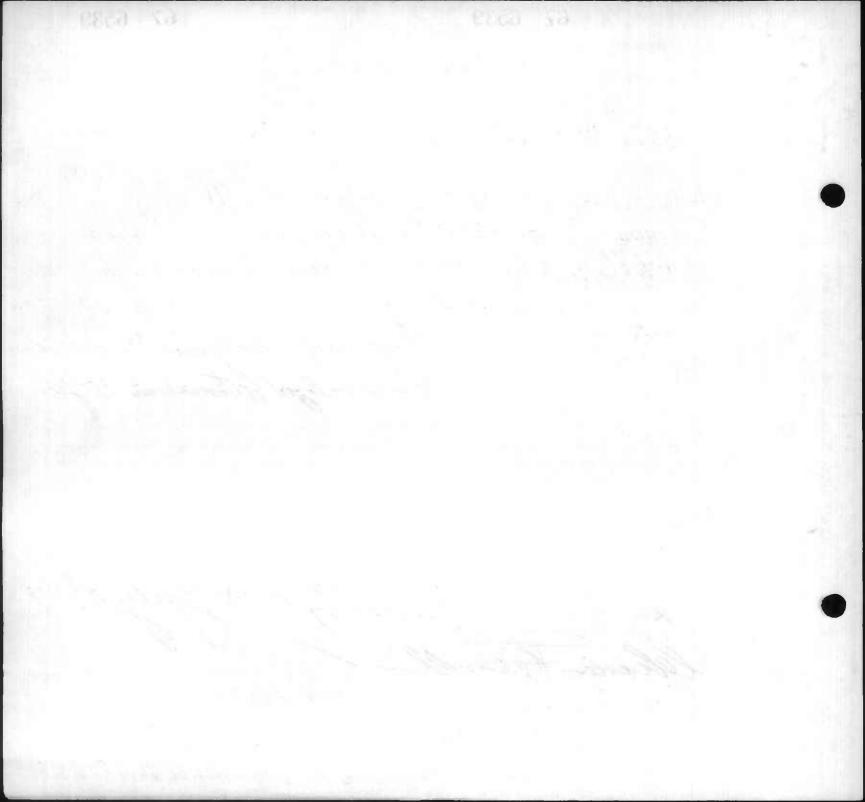
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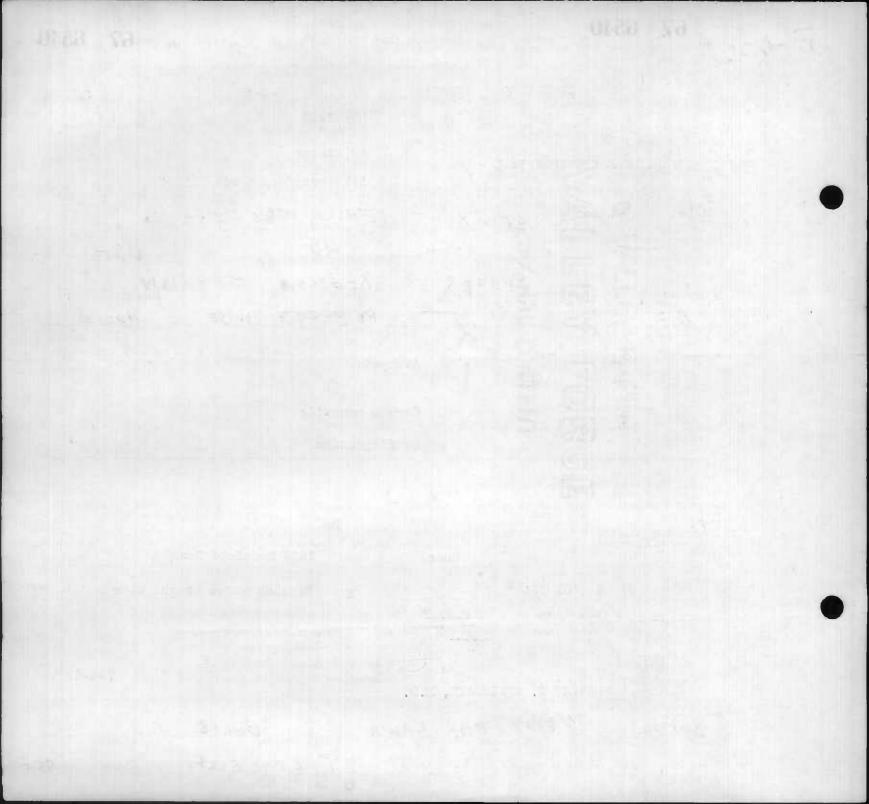
all personal interpretation of animality.

BALTIMORE CITY HEALTH DEPARTMENT Registered Na.D BIRTH NO. ERTIFICATE OF DEATH Such cause; (5) Deceased death M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО 3. PLACE OF DEATH IN BALTIMORE, MARYLAND hospital death. of USUAL RESIDENCE (Whe 4. USUA lived. institution; residence before admission) ance В, COUNTY COUSE (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location (If outside city limits, write RURAL and give township attend INSTITUTION Ξ. prior D. STREET ADDRESS contributing is made. (4) Undetermined regular MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys 5. SEX If Under 24 Hrs. eceased WIDOWED, DIVORCED (specify) Hours THPLACE (State or foreign country) 12. CITIZEN OF IOA. USUAL OCCUPATION (Give kind of work disposition WHAT COUNTRY? death done during most of working life, even if retired) Ξ MOTHERS MAIDEN NAME 13. FATHERS NAME ŏ Was the death 0 kind: 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL final (Yes, no of unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 03 any DEATH INTERVAL BETWEEN pronounced CAUSE OF or ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, rise to the above couse (A) stating the Ξ physician before the remains UNDERLYING CONDITION lost. the chief medical burns; physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) the 8 WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF tNJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? where (If in Baltimore City, give exact location) °N to the hospital DEATH (notily medical examined any nature; MEDI obtained 21 D. TIME (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) 9 OF INJURY approved (except While At Not While (APPROX.) and At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (see) last saw the deceased alive an and that in (my) (bur) opinion down accurred on the date pe eath) hospital An accident of and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 38. DATE SIGNED O Attending Med. Director 0 approval 0 PHYSICIAN'S prior 23D. ADDRESS to NAME (Type) LOCATION CEMETERY OF CREMATORY (City, town, or county) eceased D.0. the body REMOVAL (Specify) written shows: Was FUNERAL DIRECTOR VS 150-REV. 1/1/65

(Stote)

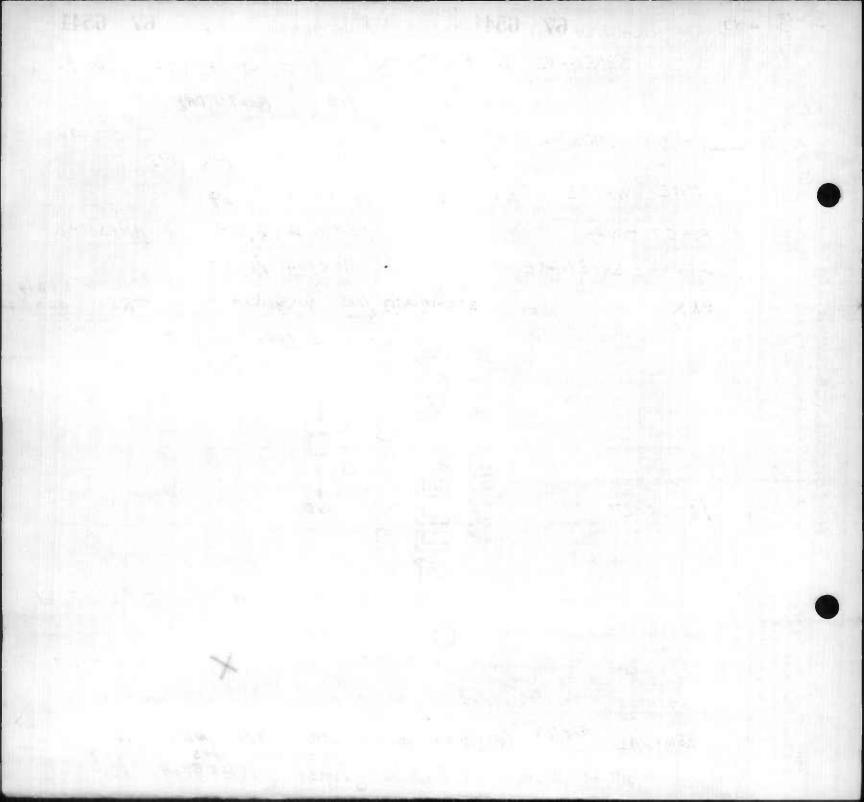


M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 7-6-67 ASSOCIATE MEDICAL EXAMINER NAME (Type) CHARLES S. SPRINGATE, M.D. 23A. BURIAL CREMATION, 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 67 24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS 0 1967

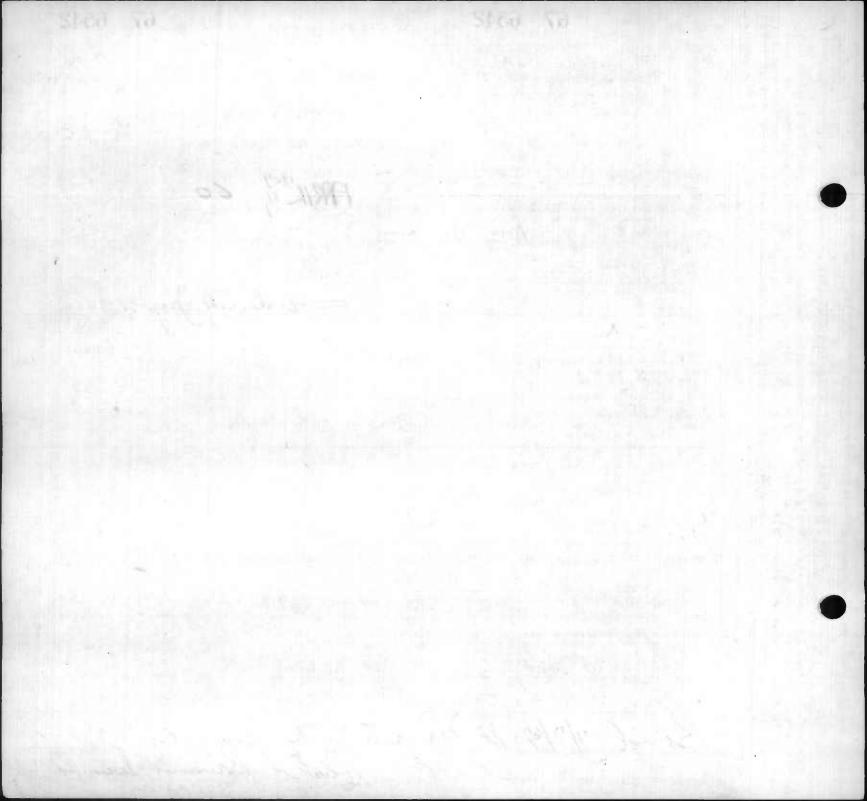


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and I the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death n
shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undefermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 1
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

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VS 150-REV. 1/1/65 JUL 10 1967 (100 076 150 080)		230 141		JE CONNELL		
	1	vs 150-REV. 1/1/65 JUL 1 0 1967	DIE Harbert	6 555	-KOST ISV KO	mp



BALTIMORE CITY HEALTH DEPARTMENT 6542 Registered No. CERTIFICATE OF DEATH BIRTH NO. Such (4) Undetermined cause; (5) Deceased hospital and of death M.E. CASE NO. 2. DATE AND HOUR OF DEATH no (Type or Print) LORENCE 67 RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance eat B. COUNTY contributing cause FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) attend 0 KFALLS made. regular 6. PACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Dovs If Under 24 Hrs. 5. SEX deceased WIDOWED, DIVORCED (specify) Hours MARRIETO
ID OF BUSINESS OR INDUSTRY 11. 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BIRTH LACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of warking life, even if retired) = 54 ABUSEWIFE Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the DRREWCE uo death kind; 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any INTERVAL BETWEEN pronounced OL ONSET AND DEATH DISEASE OR CONDITION DIRECTLY of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., the chief medical examiner heart failure, asthenia, etc. It means the disease, regular injury ar camplication which coused death.) ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, <u>e</u> rise to the above cause (A) stating the UNDERLYING CONDITION last. physician remains Was burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the Body 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 20A, AUTOPSY? (Yes or No) 8 WAS PERFORMED ANTO RUSUN before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF NJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 3 (If in Boltimore City, give exact location) where to the hospital ° MEDICAL DEATH (notify medical examine) etc.) nature; obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) Work At Work and any 22. I certify that (1) (this haspital) attended the deceased from 99 that (1) (we) lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date of hospital death) and hour and from the causes stated above. (H) (We) (did) (did not) view the body after death, the body was released must An accident 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. 0 Phys. Director approva 0 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type LOSEST M. M.D. HOS shows: (1) 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased D.0. Mas 354. DATE REC'D BY HEALTH DEPT. NAME OF REGISTRAR 25C. FUNERAL ADDRESS PANCO



MEDICAL EXAMINER'S CERTIFICATE OF D

DE	AΙ	Н	Registered	No	

M.E. CASE NO.						
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
DORO	THY HI	JSKETH		Jul	y 6, 1967	5:28 P. M.
3. PLACE IN BALTIMORE, MARYLAND, V	HERE PRONOUN	CED DEAD	4. USUAL RESID	EN CE (Where	deceased lived. If insti 8. COU	tution: residence before admission)
CHILL NAME OF THE NOT IN HOCKING	TAL OR INICTITUE	ON COMP PERSON		arvland	a. coo	
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC		ON, GVE SIKEEI	C. CITY OR TO	WN (If outside	corporate limits, write	RURAL and give tawnship
ΙΝΣΠΙΤΙΙΚΟΝ			Ba	altimore		2
A A 1000 00 0 00 00			D. STREET ADD			
() 4726 Wakefield	Road		4	726 Wake	field Road	mby .
5. SEX 6. RACE	7. MARRIED, N	EVER MARRIED	8. DATE OF BIRT		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs.
		VORCED (specify)				Months Days Hours Min.
Female Negro	Separa		6-15-191		55	
tOA, USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired)	KIUS, KIND OF	SUSINESS OR INDUSTI	RTII. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Teacher			Longbra	anch N.J	•	U.S.A.
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		
R.v. J. Ward			Ann We	alsh		
15. WAS DECEASED EVER IN U.S. ARME		6. SOCIAL	17. INFORMANT		·	ADDRESS
(Yes, no orunknown) (If yes, give wor or dot	es of service)	SECURITY NO.	Camalan	Thomas	. 343 Rober	4 St.
				1 III CELLO	9 747 10001	
18. 45/X		CAUS	E OF DEATH			ONSET AND DEATH
DISEASE OR CONDITION D	RECTLY					
LEADING TO DEAT	Н	(A) Dis	ssecting an	neurysm	of aorta	
(This does not mean the mode o	s the diseose,	DUE TO				
injury or camplication which caused	de oth.)					
ANTECEDENT CAUSI	ES					
DISEASES OR CONDITIONS, IF		(B)		••==		
RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	STATING THE	501 10				
		(C)				
2						
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	3				
TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO WAS PE		HICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES. WERE FIN	NDINGS CONSIDERED
WAS PE	RFORMED		Ye		IN CERTIFYING CAUS	
ZIA. EXTERNAL CAUSE WAS	21 R PL	ACE OF INJURY (e.g.			Yes f in Boltimore City, giv	ve exact (ocation)
O UNDERLYING OR CONTRIB-	home,	form, foctory, street,	affice bldg., INJUR	OCCUR?	the continue only, give	oxaci idealosii
ZIA, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	erc./					
ZID INVIE (Month) (Doy) (To	or) (Haur) 21E	. INJURY OCCURRED	21F. H	DINI DID WO	RY OCCUR?	
OF INJURY (APPROX.)	WH	ILE AT NOT	WHILE			
22.	m. W	ORK L AT	WORK L			
I certify that I held an	Inquiry 🗌	Inspection A	utopsyX an	d that on thi	s bosis, death In m	y opinion
resulted from: Natural co	uses Y Ac	cldent Suici	de Homisi	de 1	ndetermined monne	
77/	7					
ACTUAL /	()	1 · R		EDICAL EX		DATE SIGNED
SIGNATURE	120.7	2 JULY.	ASSISTANT M	EDICAL EX	AMINER A	
111111111111111111111111111111111111111	es S. Spr	ingate, M.D	ASSOCIATE M	EDICAL EX	AMINER	July 7, 1967
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C.	NAME of CEMETERY	or CREMATORY	23 D. LC	CATION (City,	town, or county) (State)
	10-67	Mt. Auburn			Baltimore.	Maryland
24A. DATE REC'D BY HEALTH DEPT.	248, NAME O	diam.		AL DIRECTOR		ADDRESS
JUL 1 0 1967 (Report 2	, Farley M. a	Charle	s R. Le	w, 802 Madi	SOD Ann
VS 151-REV. 1/1/65	44.0	/ 13	0 6 5	1		TOTAL BITTON

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IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

If Under 24 Hrs.

Min.

Hours

WHAT COUNTRY?

ADDRESS

ONSET AND DEATH

Peruville, Maryland

BOUTSHYARD JUDITH - 7-4-47 5197 P

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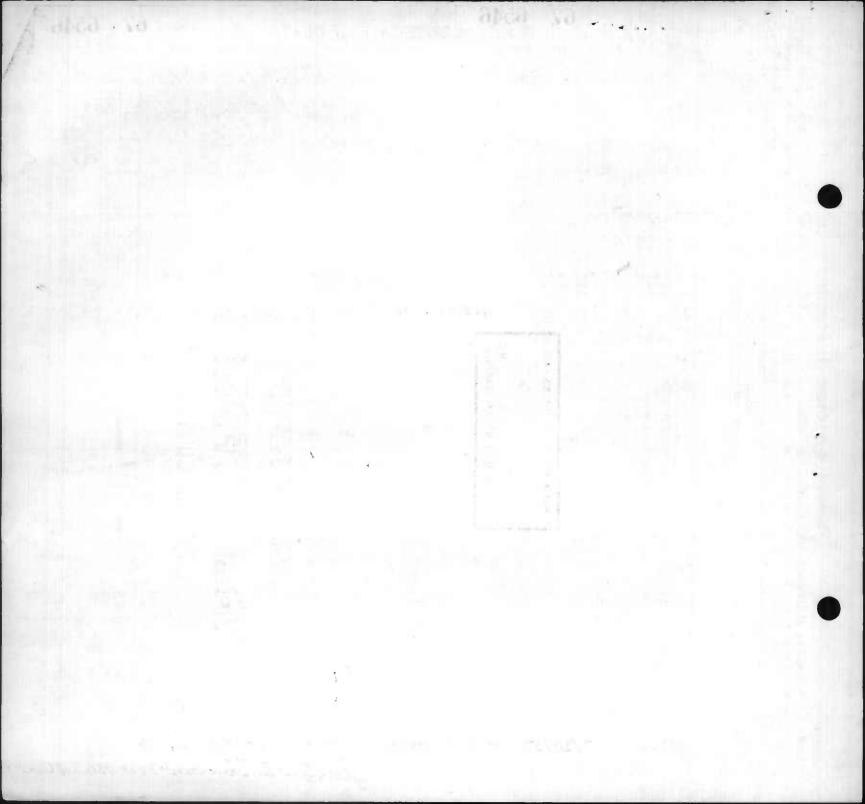
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FUNERAL DIRECTOR: IMPORTANT

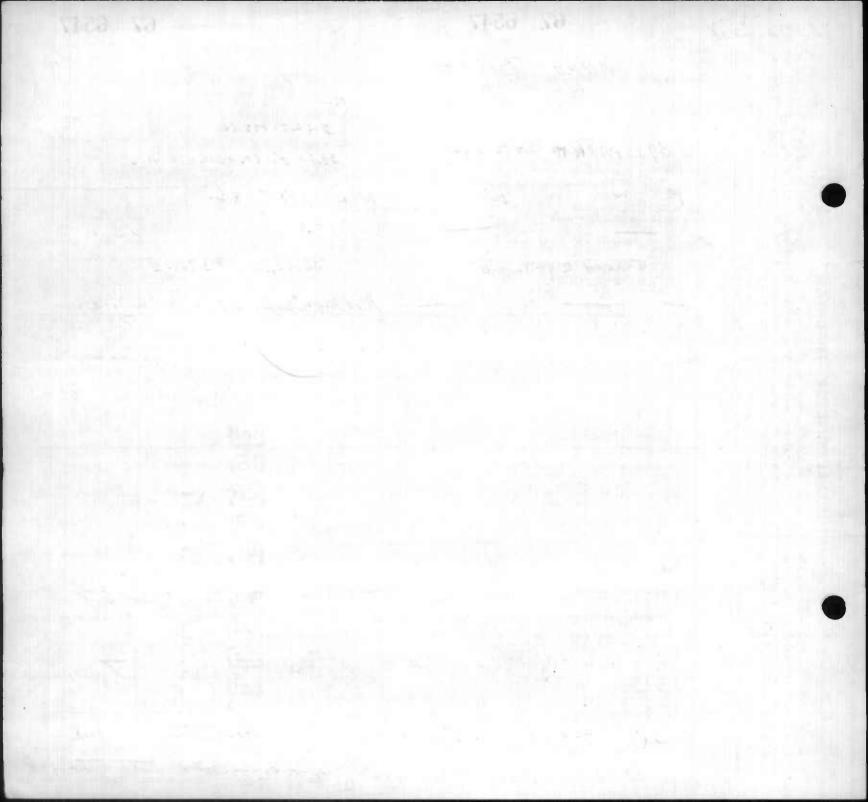
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH Such h occurred in a hospital and contributing cause of death (4) Undetermined cause; (5) Deceased was in regular attendance on the M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) a hospital death. 4. USUAL RESIDENCE (Where deceosed A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND lived. If institution: residence before admission) (If not in hospital or institution, give street FULL NAME OF (If outside city limits, write HOSPITAL OR oddress or tocotion) give township) 0 prior regular pom 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDQWED, DIVORCED (specify) lost birthdoy Hours WIDOW 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF isposition WHAT COUNTRY? = done during most of working life, even if retired) 0 24, 5. HOUSE WIFE MARYLAND MOS 4. MOTHER'S MAIDEN NAME the HAINES ANDREW KATHERINE TRIMMER assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) final SECURITY NO. LANE ance NO NO 217-48-2276 FLORENCE SAVILLE-1310 W. COLD SPRING any 1B. INTERVAL BETWEEN ONSET AND DEATH pronounced 0 attend Also, DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEA CASE fracture dying, (This does not mean the mode the disease XX heart failute, asthenia, etc. It me ar injury or complication which cou gol 世 ANTECEDENT CAU MEDICAL who DUE TO Zony, 9 are 4 DISEASES OR CONDITIONS, 3 Slotting the obove couse physician UNDERLYING CONDITION lost the remains chief medical medical MOS burns; 11 CONTRIBUTING TATED TO OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT physician DISEASE OR CONDITION CAUSIN G-KT. Body ONDITION FOR WITE 19A. DATE OF OPERATION 19B. (CH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS IN CERTIFYING CAUSES OF DEATH? 1967 220 before he home, form, foctory, street, office bldg., INJURY OCCUR? 3 O 21 A. ACCIDENT WAS UNDERLYIN (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital °Z DEATH (notify medical examined) nature; bγ MEDIC obtained 9 21 D. TIME (Month) (Doy) (Yeor) (Haut) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved Not While (except While At (APPROX) no FELL OFF CHAIR AT pup Work any 22. I certify that (1) (this hospital) attended the deceased from that (1) (we)"lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date eath) o hospital must and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. accident 23A. SIGNATURE 23B. DATE SIGNED must 0 Attending Phys. Med. Stoff M.D. 0 Director approval 0 23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS prior certificate at An EONARD KOTZ. D.O.A. 24A. BURIAL CREMATION, 24B. DATE shows: (1) 24C. NAME of CEMETERY OF CREMATORY eceased /67 Meadow Branch Cemetery
|258. NAME OF REGISTRAR | 25C. FUNERAL DI Carroll Co, SD M ADDRESS VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	C)IN C)	BALTIMORE CITY	HEALTH DEPARTMENT		
		547 CERTIFICA	TE OF DEATH	Registered No.	67 6547
1.N (Typ	/ / /	10ND0	2. DATE AL	NO HOUR OF DEATH	7.00 A. M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		stitution: residence before odmission)
	FULL NAME OF (If not in hospital or institut	ion alve street	MD.		
1	HOSPITAL OR oddress or location) NSTITUTION	ion, give silver	C. CITY OR TOWN (If or		RURAL and give township)
1	1 00 00 00 0000	a care		rurol, give location)	
C	0 3930 PARK HEIGHT	S AVE.		RKABICHTS	100
5. 5	EX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	je w	OWED, DIVORCED (specify)	APRIL 18.1885	82	
	. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
don	e during most of working life, even if retired)		ITALY		U.S. A.
12	FATHERS NAME		14. MOTHER'S MAIDEN NA	AA F	0.3.74,
13.					
	TOSEPH CATALE	9170	GOMELA	9 PEREN	
	Was Deceased Ever in U.S. Armed Forces? s,no or unknown)(If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Mrs manhere	-393 0 DA	letheilt are
-	18, // 0 0 / 1	CAUSE C	F DEATH		CHITERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		OX -		ONSET AND DEATH
	LEADING TO DEATH		Buto	Mr. Cle	mater
	(This does not meen the made of dying,		Till colo	# PIO. QU	RIONS
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ose,	and the co	Lacu.	
	ANTECEDENT CAUSES	(B) , (C)	refrectes &	efonou.	0- 791
	DISEASES OR CONDITIONS, if any, gi	DUE TO		/	
	rise to the obave couse (A) stoling				
	UNDERLYING CONDITION fast.				
_	II .				
0	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
ATIO	DISEASE OR CONDITION CAUSING IT.		100 4	7 000 1-	
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION I	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
U	2TA. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,		(If in Boltimore	e City, give exoct location)
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	thice bidg., INJURY OCCUR?		
12	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID IN	ILLEY OCCUP?	
MEDI	OF INJURY	While At Not Whi		JORI OCCOR:	
	(APPROX.)	Work Al Work			111-
	22. I certify that (I) (this hospital) attend	led the deceased from	100-6	19 55 to /	13/6/19.
	that (I) (we) last saw the deceased alive	(1 0	8 1967 and 1	hat in (my) (aur) api	nian death accurred an the date
	and have and from the causes stated above				
	23A. SIGNATURE	/o. (1)/(110) (d1d) (d1d 11d1)	view rise oddy dilei dedili.		23B. DATE SIGNED
	(J) ~ 1/ N/ (B)	100 J. T. D. AH	ending Med.	Stoff	7/0/1-
	fem/ lo	Man Ph	rs. Director	Phys.	1/3/6)
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	LESTER N. KOLMAN	M.D.	3700 Park	Heights A	venue Balto Md.
24/	A. BURIAL CREMATION, 24B. DATE	C. NAME OF CEMETERY OF CR			ity, town, or county) (Stote)
	REMOVAL (Specily)	Cotto. Onl	2	Ballenne	bul.
25	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
-"	1111 10 1007 40 0	0070	Farl. C.	- AZW.	Calon telepal
	THE Y DISOL OF CO	The state His	1	7	4.
A2	150-REV. 1/1/65		0 -0 0 6		



CONIB		OF	BALTIMORE CIT	Y HEALTH DEPAR	TMENT		OF 40
ARTH NO. GOA	VIBLER 61.	65	TO CERTIFICA	ATE OF DE	ATH Regi	stered Na	67 6548
AL CASE NO.		1444				OF DEATH	
NAME OF DE	ECEASED				DATE AND HOUR		
Type of Tillin	SISTER DEATH IN BALTIMORE, MA	MAK	Y ANGELA		JULY 3, 1	961	11:451
PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDI	B. COUNTY	ed lived. If inst	itution: residence before admissi
				A. STATE			- 1
FULL NAME		or institution	n, give street	MD.		OW AR-	RAL and give township)
HOSPITAL OF	R address or location	n)		C. CITY OR TOW	N (If outside city	limits, write RU	RAL ond give township)
					ILCHES ESS (If rurol, give	TER	63-00
27	MERCY H	405P	ITAL	D. STREET ADDR	ESS (If rurol, give	locotion)	
0/	112 / /						
. SEX	6. RACE	7. MARRIE	D, NEVER MARRIED 'ED, DIVORCED (specify)	B. DATE OF BIRTH	Stone I bloke a	n yeors	If Under 1 Yr. If Under 24 H Months Doys Hours Min
12	· W	5	NELE	9-8=19	708 5	-12	
OA USUAL OC	CUPATION (Give kind of work			, ,		v)	12. CITIZEN OF
	of working life, even if retired)	1				,	WHAT COUNTRY?
TEA	CNER	RE	4161005		PENN.		
3. FATHER'S N.				14. MOTHERS M			
					M . 1		
4	EDWARD O.	NIBL	-		1YRA K	ENNES	2/
	ed Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	, , , ,	-	ADDRESS
res, no or unkno	wn) (If yes, give wor or dote	s of service	SECURITY NO.	/	- 1	y .	1 11 1
-			212-58-8000	teste 1	kery merzy	reh- 1	Makelie
1B. 4/			CAUSE	15	1 //	U	UNTERVAL RETWEEN
-7/	6 X		CAUSE	111	to IV	1 10	ONSET AND DEATH
DISE	ASE OR CONDITION DIE	RECTLY		0/11/0.1	12.1-1	16 1	11
	LEADING TO DEATH		(A)	The vew	neway la	Many	MIM .
	nal mean the made of			01	1	4 -	ω.
	e, asthenia, etc. Il means amplication which caused		(4)	- 1//.	1-1/1	LA.	20.
	100		(B) Wh	rome rules	matic Ha	4 NYOR	w 20 yrs
	ANTECEDENT CAUSES	•	DUE TO	+- 1	1 1 .	A	
	OR CONDITIONS, if			1500hw	Thitten	KI, All	1/2-304/11
	the abave cause (A)	stating It	1e (C)	in	occi jed	000,000	co co yrs
UNDERCH	NG CONDITION Idsi.						
	II		3.63				
	SNIFICANT CONDITIONS C						
DISEASE	DEATH BUT NOT RELA OR CONDITION CAUSING 1	ATED TO	IHE				
	OF OPERATION 198. CON	DITION FO	WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF	YES, WERE FI	NDINGS CONSIDERED
19A. DATE	WAS PERI				IN CE	RTIFYING CAU	SES OF DEATH?
M L	PAIR WAS HARRING	T .	10 DI A CE OF INTERNET	:	IERE DID	16 '- P-14'	City discount to the con-
OF CONTR	DENT WAS UNDERLYING THE] 2 h	1B. PLACE OF INJURY (e.g., ome, form, foctory, street,	office bldg., INJURY	OCCUR?	it in Boltimore	City, give exact location)
DEATH (not	tify medical examiner)		tc.)				
O 21 D. TIME	(Month) (Doy) (Year)	(Ha) 12	1E INJURY OCCURRED	215 110	W DID INJURY OC	71192	
W OF INTITION					M DID INJURT OC	COR:	
(APPROX.)			While At Not WI	nile k			+ 1 .
				XIC	/6		1/
22. 1 certi	fy that (1) (this haspital	l) attended	the deceased fram	25	1960	ta	July 10 (
that (I) (w	re) last saw the decease	ed alive ar	- France	19 6 7	and that in (m)	() (aur) apinl	an death occurred an the
			0 (-			
and haur o	and from the causes stat	ted abave.	(I) (We) (aid) (dld nat)	view the bady af	ter death.		
23A. SIGNA	TURE	~ ./	7				23B. DATE SIGNED
14	110 -1110	3 M.	M.D. A	ttending M	ed. Stoff		7-7-6/
		IN INV	9		rector Phys.		1 /
110	nam / KL	0,00		102D AND DEEC			
23C. PHYSIC	CIAN'S	-	1011-0	23D. ADDRESS		. 1/	. 0
23C. PHYSIC NAME		To	CAFDI WA	El C	FNIDAL	AUF	CLENI Ruon
NAME	CIANS AILARY	7.0	MERLIN	y 5C	ENTRAL	AVE	GLEN BURN
NAME	CIANS HITARY REMATION, 24B. DAT	7.0 24c.	HERL MA	y 5C	ENTRAL 24D. LOCATION	AVE	GLEN BURN (Stole
NAME	CIANS HITARY REMATION, 24B. DAT	7-8 67 24C.	AFELL MY NAME OF CEMETERY OF G Finites Cons.	y 5C	ENTRIPLE 24D. LOCATION	AVE	CLEN BURN (State Hound C Such
NAME	REMATION, 24B. DAT	67 7	Finity Contre	REMATORY THE Cens.	Ile	HVE history	Hound a. Dred
NAME	REMATION, 248. DATE (Specify) TO BY HEALTH DEPT.	67 7	Finity Contre	y 5C	Ile	HVE hester	CLEN BURN (Stote Hound G. Mad ADDRESS
NAME	REMATION, 24B. DAT	67 7	HERL MY NAME OF CEMETERY OF OF Finity Conhe E OF REGISTAR TO E. FOLING	REMATORY THE Cens.	Ile	herto,	Hound a. Dred
NAME	REMATION, 24B. DAT TO BY HEALTH DEPT. JUL 10 1967	67 7	Finity Contre	REMATORY THE Cens.	Ile	herto,	Hound 8. Ised

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

67	6549 BALTIMORE CITY	HEALTH DEPARTMENT	1/	CP CE 40
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	67. 6549
M.E. CASE NO.	CERTIFICA			
1. NAME OF DECEASED		2. OATE AND	HOUR OF DEATH	
(Type of Print) Martha H. H.	arms -xxXXXXXXXXX	7-6-	1967	1 3 4
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where		stitution; residence before admission
		A. STATE B. COUNTY		0 11 /1
FULL NAME OF (If not in hospital	or institution, give street	May land		13015
HOSPITAL OR oddress or location	n)		e city limits, write R	URAL and give township)
INSTITUTION		Baltimor		12.00
1/ 10 11	O of Marin Paris			0 3-06
16 Lutheran Hospital	c 9 myland	D. STREET ADDRESS (If rure	ol, give location)	
i	V	1 321 11/14	- Ave.	21227
5. SEX 6. RACE	7. MARRIEO, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years	II Under 1 Yr. If Under 24 Hr Months Ooys Hours Min.
E	WIDOWEO, OIVORCED (specify)	los	t birthdoy)	Months Ooys Hours Min.
FW	Married	8-3-87	19	
IOA. USUAL O CCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	D - 4 37 - 4	Massylan	a	
Hourewife	Retired	Marylan		U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME		
	and the second second			
Herman Meyer		Anna Goeh	lert	
15. Was Deceased Ever in U. S. Armed For (Yes, no or unknown) (II yes, give wor or date		17. INFORMANT		ADORESS
No No		Mr. C. W	alter Harm	s 327 Fifth Ave.
	Participant of the second control of the sec	XXXXXXX	The same	Lansdowne, Md.
18.4 9 ()		F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	RECTLY		· ·	ONSET AND DEATH
LEADING TO DEATH	1	iente My ocar Sia	T. la t.	11 0-
(This does not mean the made of	dving e.g. (A)	cure impocar via	+ MIGICAL	n II homo
heart failure, asthenio, etc. It meons			1	
injury or complication which coused	death.)			
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if				
rise to the obove couse (A)	siding the (C)	•		
	•			
_ 11			-	
O OTHER SIGNIFICANT CONDITIONS				
DISEASE OR CONDITION CAUSING				
19A, DATE OF OPERATION 119B, CON	and the second s	20 A. AUTOPSY? (Yes or No)	OB. IF YES. WERE F	INDINGS CONSIDERED
WAS PER			N CERTIFYING CAL	JSES OF DEATH?
W L		la della viviana	(II) B (II	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o	of obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
Z DEATH (notily medical examiner)	etc.)			
O	(1)			
W OF INTILIPY	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
E (APPROX.)	While At Not Whi	le	_	
	Work A1 Work) <u></u>	A	M -7
22. I certify that (1) (this hospito) ottended the deceased from 4	1 1-3- 19	6/ 10 5	1-6- 1961
	ed olive on 7 - 6 -	(A	,	des destination of the
(1) (we) Iost sow the decease	01,74 011,	ond that	in(my/ (our/ opir	nun death occurred on the d
and haur and from the couses sta	ted abave. (1) (We) (did) (dtd not)	view the body after death.		
23A. SIGNATURE	4			23B. OATE SIGNED
Do. a M.a	M.D. AH	ending Med. Sto		
Afryen His	au2 Ph)	ending Med. Sto	ys. 🔀	7-6-1967
23C. PHYSICIANUS		23 D. ADDRESS		
NAME (Type) NG-UVFN	THI OANH M.D.	Lutheran Ho	Q Oak w	Mas Do 1
		1.14 hth/2 H(shiral of	
1140/211	THI WANT M.D.	moet would fine		May Lang
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR		ATION (CI	Maryland y, lown, or county) (Stote)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY of CR	EMATORY 24D. LOC	ATION (Cit	y, Iown, or County) (State)
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 7/11/6	24C. NAME of CEMETERY of CR	ematory 240. Loc	timore, Ma	y, Iown, or County) (State)
REMOVAL (Specily)	24C. NAME of CEMETERY of CR Woodlawn Cemeter 25B. NAME OF REGISTRAR	eMATORY 24D. LOC y Ba1	timore, Ma	ryland ADDRESS
REMOVAL (Specily) Burial 7/11/6	24C. NAME of CEMETERY of CR Woodlawn Cemeter 25B. NAME OF REGISTRAR	eMATORY 24D. LOC y Ba1	timore, Ma	ryland ADDRESS
REMOVAL (Specily) Burial 7/11/6	24C. NAME of CEMETERY of CR	ematory 240. Loc	timore, Ma	ryland

the se V HE STATE OF THE PARTY OF THE PA " Mally " · va control with the control of the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

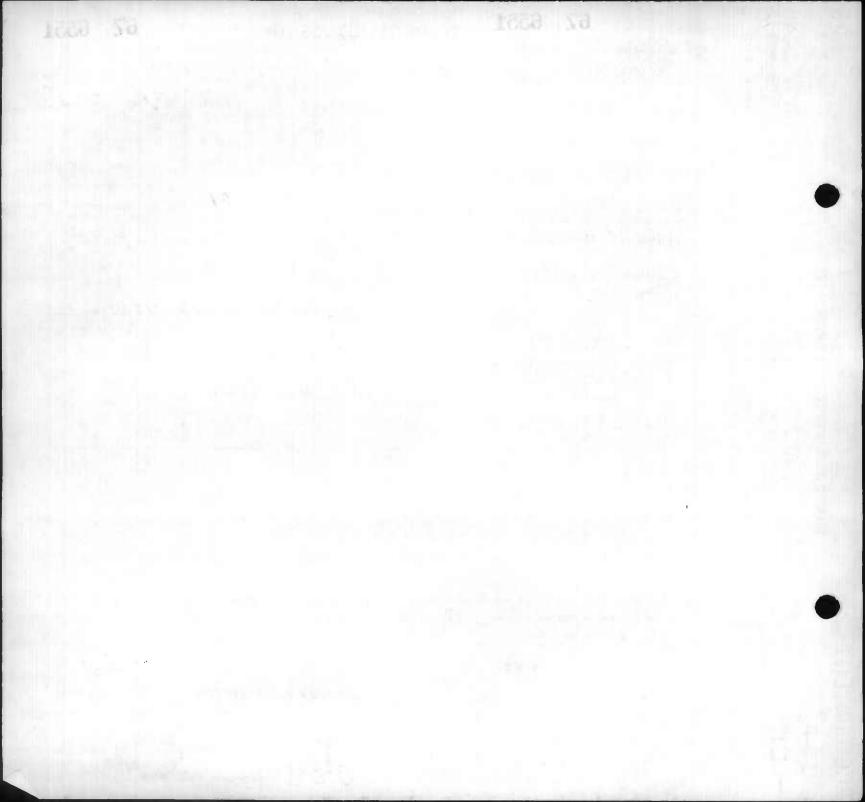
	07 6	BALTIMORE CITY	HEALTH DEPARTMENT		67. 6550		
	BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No	07. 0000		
	I.NAME OF DECEASED WARLE	A. HAJEK	2. DATE ANI	HOUR OF DEATH	2:15 P.N		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT		stitution: residence before admission)		
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	an, give street	C. CITY OR IOWN (If outs	. ,	URAL and give township		
	1 819 h. Chap	zel St.		oke	1-03		
e.	00		819 H.	lapel S	3t.		
mad:		HED, NEVER MARRIED WED, DIVORCED (specify)		ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
si noi	done during most of working life, even if retired) Character and N	OF BUSINESS OR INDUSTRY	4-101	on country)	12. CITIZEN OF WHAT COUNTRY?		
disposition	13. FATHER'S NAME	The state of the s	14. MOTHERS MAIDEN NAM		100/		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serving)	CE) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS St.		
fina	No	2172607974	Godfrey He	Well 819	7, - 12 / -		
0	DISEASE OR CONDITION DIRECTLY	CAUSE OF	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
med	LEADING TO DEATH (This does not mean the made of dying,	=					
healt failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
e em	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, give	DUE TO	A. C.				
IS are	rise la lhe above couse (A) stoling UNDERLYING CONDITION lost.		Egn Le	reare.			
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
the		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED		
before	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, farm, lactory, street, of etc.)	or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)		
ained	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	While At Work Not While At Work	21F. HOW DID INJU	JRY OCCUR?			
opto	22. I certify that (I) (this haspital) attended	1	QUILO 15	96 210 gr	Cy 19 19 09		
pe	that (1) (we) lost sow the deceased alive	1.0		nt in (my) (our) apiņ	nian death occurred on the date		
must	and hour and from the couses stoted obave	B. (I) (Me) (ara) (did nat) v	new the body offer deoth.		23B. DATE SIGNED		
	The langue	Phy	s. Director	Stoll Phys.	7-8-67		
approva	F. Fredorick Rus	zicka M.D.	800 Apage	Rose.			
	24A. BURIAL CREMATION, 24B. DATE 240 REMOVAL (Specify)		MATORY 24D. LC	CATION (Cit	ly, town, or county) (Stote)		
written	BURIAL July 10/1967	Bohemian Nat	Cone Cemetery 1	be Hunoro	Meryland		
×	JUL TO 1967 (2.0.0)	SE, Fallina	O Chilip & a	ach 1211	Chesita Are		
	V\$ 150-REV. 1/1/65						

0550 50

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

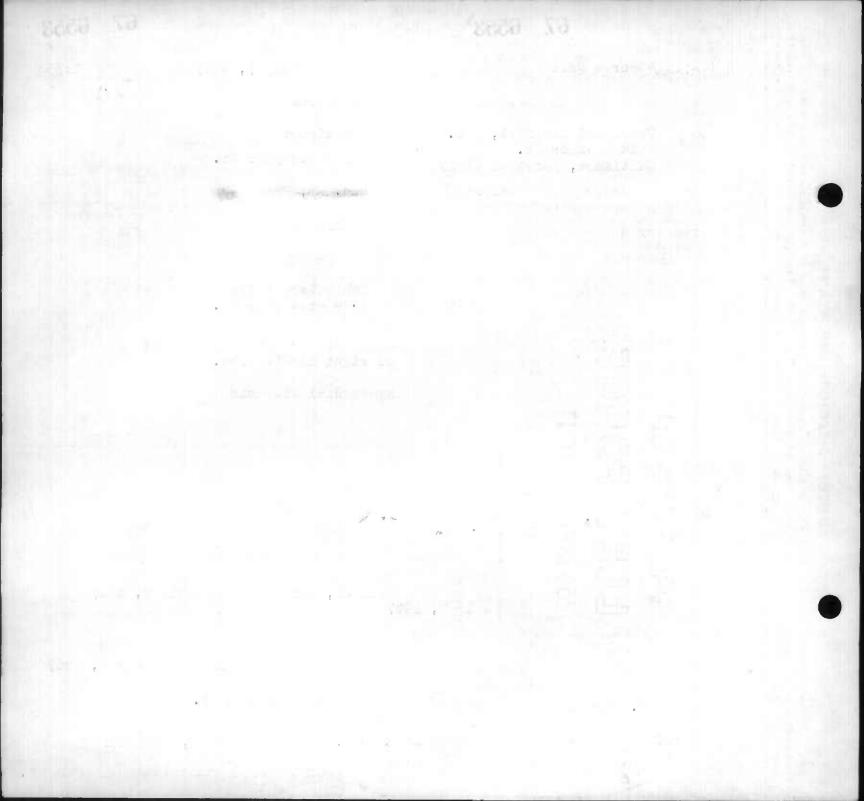
	CH CEE	BALTIMORE CITY	HEALTH DEPARTMENT		614
	H NO. 67, 655	CERTIFICA	TE OF DEATH	Registered Na	67, 6551
-	CASE NO.			D HOUR OF DEATH	
, N Typ	AME OF DECEASED OF Print GIBSON GEORGE. LACE OF DEATH IN BALTIMORE, MARYLAND	- N 1			m4
, ,	GIBSON, GEORGE.	1 a. Ur	1/4/	67, 9.35 A.	77.
	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	stitution; residence before admission
			1.00		16-0-5
	ULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND	2/2/6.	1000
	OSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)
		Manuelana	BALTIMORG		
1	LUTHERAN HOSPITAL OF	- MARYLAND		rurol, give location)	
			1005, whele	*	
	•		1605 , where	r MAF.	
. S	EX 6. RACE 7. MARI	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
1		OWED, DIVORCED (specify)	3-22.16.	lost binnaby)	Atomis Doy's Troots
		MARRIE D.		31	122 CITITEN OF
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIKIMPLACE (Store of fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
3111	Turner III	olla DI	T321+-	me I	U.S.a.
	Junicu Carecion &	of employed	followers.	1 ma	0.3,00
۶.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	ME	
	Um of A Gil	Non.	- 6 A. + h A	1 +0	
	Was Deceased Ever in U. S. Armed Forces?	114 5001	17. INFORMANT	Thun	ADDRESS
es	nas Deceased Ever in U. 3. Armed Folces: ,no or unknown (If yes, give wor or dotes of serv	ice) SECURITY NO.	M. A.		ADDRESS
			Colina B VIII	Ver 1121 1	112 Par Car Bas
_	10	CAUSE	Callette Willer	1812, Mide,	DAZ W LAGYER
	18. 4 4 3 XI	CAUSE O	P DEATH	,	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				
	LEADING TO DEATH	(A) A	SHCVD		
	(This does not mean the mode of dying,			rnan or a ro rda a ranora a renescô rorda a 64	
	heort foilure, osthenio, etc. It meons the dise	ase,			
	injury at camplication which caused death.)	-	VA - HERLA	11610.	
	ANTECEDENT CAUSES	(B)	VA & HEMIP	KE OITTI	,
	DISEASES OR CONDITIONS, if any, gi	vino			
	rise to the obove couse (A) stoling				
	UNDERLYING CONDITION last.	000000000000000000000000000000000000000			1 mm m m m m m m m m m m m m m m m m m
	11				
z	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
2	TO THE DEATH BUT NOT RELATED TO				
4	DISEASE OR CONDITION CAUSING IT.				
FIC	19A. DATE OF OPERATION 19B. CONDITION F	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
EKILL	O'				
U	21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	IIf in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
5	DEATH (notify medical examiner)	erc./			
0	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
Š	OF INJURY	While AI Not Whil	e C		
	(APPROX.)	Work At Work			
	22. I certify that (I) (this hospital) attend	led the deceased from	6. 30	1967 to 7	- 4 - 1967
		PH 1			
	that (I) (we) last saw the deceased alive	an Link	19and the	at In(my) (aur) apir	nian death accurred an the da
	and haur and fram the causes stated abov	ve. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE				23B. DATE SIGNED
	- /4	44.5	anding and Adad	Can Harr	7. 1.
	ThankamB. Olle	Phy	ending Med. S. Director	Phys.	7/4/67
	23C. PHYSICIAN'S		23D. ADDRESS		1101
	NAME (Type)	11101	LUTHERAN H.	OSPITAL DI	MARYLAND
	THONKOM 13. PI	ILLAI. M.D.			
4 A	BURIAL CREMATION, 248. DATE 24	IC. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Ci	ty, town, or county) State)
	REMOVAL (Specify)	1 1 - 5-1		1	11 19 1
	Ducial 7-8-67 /	croutice Memor	cel (art Un	bules, B.	ela, Come
SA	. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	26C. FUNERAL DIRECTOR		ADDRESS
	JUL 1 n 1967 (R. D.)	BriE Starley MA	Jackson Ol	1000	194 00 0
	895 - 0 1001 APRIL	V ~ V V V V V V V V V V V V V V V V V V	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	em, 1 100 cm	masi es aix
10	100 BEV 1/1/45		1/1		



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FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	7
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🤝	2
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	1
wereton annual much be about and helper the remains are ambalmed or find disnocition is made	7

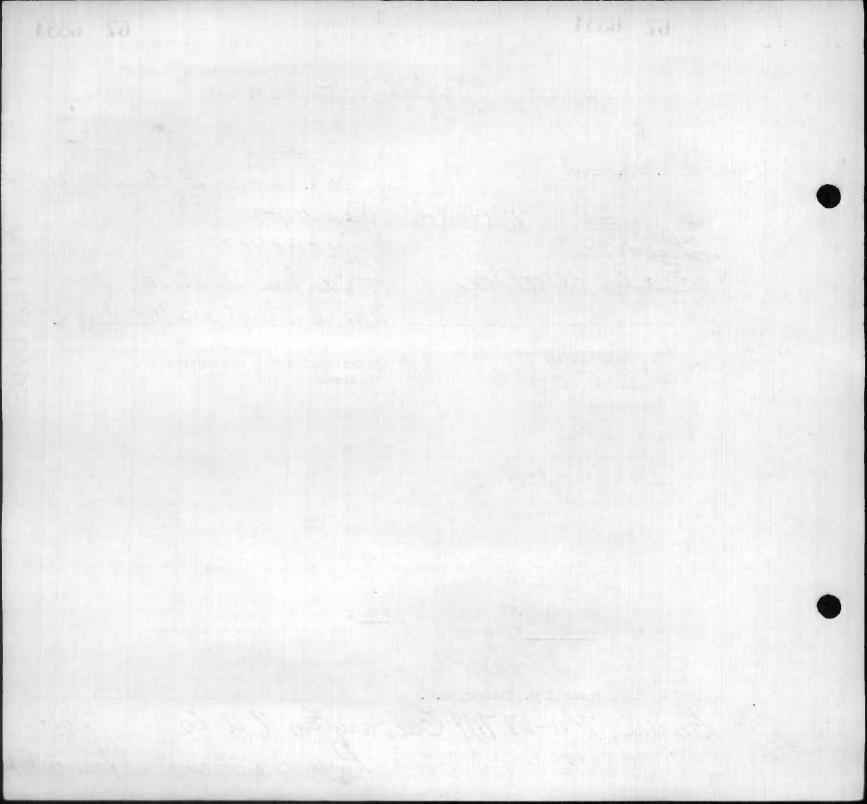
CH	CEEO	BALTIMORE CITY	HEALTH DEPARTMENT		07 07-0
BIRTH NO. 67.	6552	CERTIFICA	TE OF DEATH	Registered Na	67, 6552
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1/1	10-	2. DATE A	ND HOUR OF DEATH	11/31 2
B. PLACE OF DEATH IN BALTIMO	RE MARYLAND	(25		ere deceased lived. If in	stitution: residence before admission)
			A, STATE B. COU	NTY	15-02
FULL NAME OF (If not in h HOSPITAL OR oddress or INSTITUTION	nospitol or institution, g location)	give street	C. CITY OR TOWN, (Il outside city limits, write RURAL and give township) BAI+IMORE		
46					
111+ 1000	11 HAZ	- 1-01	D. STREET ADDRESS	rurol, give location)	110
LUTTERAI		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
FN	WIDOWED	, DIVORCED (specily)	2-12-06	lost birthdoys	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kindone during most of working life, even if		BUSINESS OR INDUSTRY		eign country)	12. CITIZEN OF WHAT COUNTRY?
			N. C.		U.S.A.
Jack Monk			14. MOTHER'S MAIDEN NA	ME	
Oack Monk			Sarah		
5. Was Deceased Ever in U. S. An (es, no or unknown) (II yes, give wor	med Forces? or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			Jimmie Syke	5 1737	Filton Avenue
18. 420.11		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		3 A	1 . 0 . 1 . 1	100	1 10 10
(This does not meon the m		DUE TO	yo Cardial	mfarch	un xomean
heart failure, asthenia, etc. It	meons the diseose,		()	V	arswal to Ho
ANTECEDENT C		(B)	n van delektrisk (h. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
DISEASES OR CONDITION	S, if ony, giving	DUE 10			
rise to the obove cous		(C)	946 64 - 886 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -		
II					
DISEASE OR CONDITION CAL	USING IT.		1904 AURORANA W	[-]\ 208 [# V	CINICINES CONSIDERS
OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CAI 1994. DATE OF OPERATION 19	AS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERI		PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE DEATH (notily medical examine	OF hom	e, form, foctory, street, o	lfice bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy)		INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
(APPROX.)		le At Not Whil	e 🗀		
	Wor			10/-7:	15115
22. I certify that (I) (this h		h	. /	19 (a.7. to	7 19
that (I) (we) last saw the d					nion death accurred an the do
ond haur ond from the caus 23A. SIGNATURE	es stated above. (I) (πe) (did) (did not) v	riew the body after death	•	23 B. DATE SIGNED
Tho: bo	Pa ask.	dan M.D. All	ending Med. S. Director	Stoff	7-7-67
23 C. PHYSICIAN'S			s. Director 23D. ADDRESS	Phy s.	1 .0/
NAME (Type) Sheet	kh Shef	Indam M.D.	dut	ieran Hosp	ntal 2MD
4A. BURIAL CREMATION, 24B. D	ATE 24C. N/	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	ty, town, obcounty) (State)
REMOVAL (Specily)					
Burial /-		t. Auburn (25C. FUNERAL DIRECTO	Baltimore	, Maryland
The second secon	167 R.D. B	E. Farberma			348 Calhoun St.
VS 150-REV. 1/1/65	A MIDERIA	- Across		1	777

2528 29 Seta 50 LANKE SYKES LUH HORREN HOSpital 1937 Fullbox Level 19 -0-61-E M N 7



W-435

67. 6554 BALTIMORE CITY HEALTH DEPARTMENT 67. 6554	4
BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.	±
M.E. CASE NO.	
1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD	=
GARFIEIO WALTON 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmissi A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	-
INSTITUTION 2	
312 E. 20½ Street Baltimore D. STREET ADDRESS (If rurol, give locosion)	-5
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (in yeors If Under 1 Yr. If Under 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy) Months, Doys + Hours, Miner 24 F Units Divindoy Months, Miner 24 F Units Divindoy Months, Doys + Hours, Miner 24 F Units Divindoy Months, Min	
Male Colored Markel & Kan, 24-20, 48	
10A. USUAL QCCUPATION (Give kind of work 10B kith O OF BUSINESS OR INDUSTRY W BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	
done due no hast of yorking life, even if retired) WHAT COUNTRY?	
DEFATHER'S MAIDEN NAME	_
Edde 11/alter Deaphie 10/10/Tone	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116, SOCIAL (1). INFORMANT ADDRESS	_
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1
11/40 Lennergs 312 11/07 Dley Si	1
18. CAUSE OF DEATH INTERVAL BETWEE	
ONSET AND DEAT	Н
LEADING TO DEATH (A) Arteriosclerotic Cardiovascular	
this does not mean the mode of dving e.g., Dur 70	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	****
UNDERLYING CONDITION LAST.	
(C)	
	_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 119B, CONDITION FOR WHICH OPERATION 20A, AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED	_
WAS PERFORMED YES IN CERTIFYING CAUSES OF DEATH? YES	
YES ✓ 21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bultimore City, give exact location)	_
UNDERLYING OR CONTRIB- DITING CAUSE OF DEATH. Ome, form, foctory, sheet, office bldg., NJURY OCCUR?	
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	-
OF INJURY (APPROX.) WHILE AT NOT WHILE MORK MORK	
22. I certify that I held an Inquiry Inspection Autapsy X and that on this basis, death in my opinion	
resulted from: Notural causes X Accident Suicide Hamicide Undetermined manner	
CHIEF MEDICAL EXAMINER X	
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED	
EXAMINER'S ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Russell S. Fisher, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)	_
REMORAL (Specify)	1
HUHIAN 7-11-67 MIX (DAVAMALEM U. U. LO MIO	>
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C FUNERAL DIRECTOR ADDRESS	-
7 0 9 1	0
JUL 10 1967 P. O. Br. E. Farting Macketon andone 2176 repton	5
V\$ 151-REV. 1/1/65	
	V



	67	6555	BALTIMORE CITY	HEALTH DEPARTMENT		67	6555
BIRTH NO.			CERTIFICA	TE OF DEATH	Registered No.	07	0000
1, NAME OF DE	Stern, Char	nning de	rroal	2. DATE A	AND HOUR OF DEATH		
(Type or Print)		,		7.	-2-67	1	11:30A M
3. PLACE OF D	CHANNING IF	RYLAND	714	4. USUAL RESIDENCE (WI	nere deceased lived. If ins	titution; reside	
HOSPITAL OF		or institution, give s n)	street	C. CITY OR TOWN OUT	outside city limits, write	IRAL and aive	e township
INSTITUTION TH	B JOHNS HOP	KINS HOS	PITAL	BALTIMORE	, and an	-	05
	ALTIMORE, M				If rutol, give location)		-
00	,			1740 NORM	AL AVE		
5. SEX	6. RACE	7. MARRIED, NEV		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Y	r. , If Under 24 Hrs.
MALE	NEGRO	WIDSWED GIV	PRCED (specify)	9-26-58	lost birthdoy)	Months Doy	s Hours Min.
		108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN	OF
	yorking life, even if retired)	17/00-11		m. , , 1	1 0	WHAT	COUNTRY?
- 4	1012			Marge	and		
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
DAVMO	NID STEDNI SE			EARLEAN R	I CHARDSON		
5. Was Decease	OND STERN SE ed Ever in U. S. Armed For wn) (If yes, give wor or dote		OCIAL	17. INFORMANT	1)	AD	DRESS
res, no or onknov	whill yes, give wor or dote	s or servicer	SECURITY NO.	Was to	1 /	0	
18.	000.		CALLS	F DEATH	recon		RVAL BETWEEN
/ -	ACT OF COMPLETON BY	FCTIV	-		1	ONS	ET AND DEATH
DISE	ASE OR CONDITION DIS LEADING TO DEATH	RECILT	Poss	Me Arm To	- Treus	his	7 1.0
	nal mean the mode of		DE TO	VIC Majoria	~		
	e, asthenio, etc. It meons amplication which caused		AND O	10 171	· D		- /
	ANTECEDENT CAUSES		(8) 1 (oh	the Brends	tord PNUMON	-1/21	Zaks
DISEASES	OR CONDITIONS, if	an sinian					
	the above cause (A)		(c) Lhe	undord A	montes		2 Mas
UNDERLYIN	NG CONDITION lost.						0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
_	11				 		
	NIFICANT CONDITIONS C						
DISEASE O	R CONDITION CAUSING	Т					
19A.DATE	OF OPERATION 198. CON	DITION FOR WHIC		20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FI	SES OF DEAT	NSIDERED TH? / a
8 6/30	167		rapsy	yes	061.001		No
_ OR CONTRI	ENT WAS UNDERLYING DE BUTING CAUSE OF	home, for	rm, foctory, street, o	n or about 21C. WHERE DID	(If in Baltimore	City, give exi	oct locotion)
DEATH (noti	ify medical examination	etc.)		-			
OF INJURY	(Month) (Doy) (Year)	(Hour) 21E, INJU	JRY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		While At	Not Whi	le 🖍		-	
22	Sundan (IV (abid bana)an			time 1d	10 67.	tola	7 67
	fy that (1) (this hospita		-/ 7 -		19 6 / ta)	
	e) lost saw the deceo	0	- 6		that in (my) (our) opin	ion death a	ccurred on the dat
		above. (1) (We	did did nat)	view the bady after death			
23A. SIGNAT	TURE	, .				238, DATE SI	GNED
	H.A	-ideM	M.D. Att	ending Med. Director	Staff Phys.	ful	2/167
23C. PHYSIC	IAN'S		1	23D. ADDRESS		V	7
NAME	HERBERT,	SWICK	M.D.	JOHNS HOPKI	NS HOSPITA	L	
24A. BURIAL CE			of CENALETERY OF CR			, town, or co-	Lance / Comme
MOVAL		Im mi	10	1	1 10 R	, lowil, or co	mx
Duru	al //6-1	8/1/1	alpra	rycem 1	· 4. Le .		110
25A. DATE REC'	D BYJULT OF 1967	256 NAME OF RE	GISTRABLICE MA	250 FUNERAL DIRECTO	2	7	Agoress L
		9 %	1 0 3	May Menc	Bridere 21	760	reolons
VS 150-REV, 1/1	1/65			-			

Pentile Aprilia lamaitie 2 100 AND Potelle Rhamming Presenter 2 - 2 Characterist fillerites 2 mil 6/30/67 week luspey Adulans formed as of the const

		Y HEALTH DEPARTMENT	7	E OFFO
	556 CERTIFICA	TE OF DEATH	Registered No.	6556
M.E. CASE NO. 1. NAME OF OECEASED		2 DATE ANI	D HOUR OF DEATH	
(Type or Print)	1:00			14: 30 0
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	ins	4. USUAL RESIDENCE (Where	deceased lived. If institut	ion: residence befare odmissio
	Hospital	A. STATE 8. COUNT		
FULL NAME OF (If not in hospital or institu	tion, give street	Mary	and I	
HOSPITAL OR address ar location) INSTITUTION		C. CITY OF TOWN	side city limits, write RURA	L and give township)
_ /		Balt	imore	du C
34		O. STREET ADORESS (If	urol, give location)	CL
		1846223	UFayEtte	OF
	RIED, NEVER MARRIED	8. OATE OF BIRTH	AGE (In peors If	Under 1 Yi. , If Under 24 H
	OWEO, DIVORCED (specify)	2.17.87	ost birthdoy) 80	nths Doys Haurs Min.
6A, USUAL OCCUPATION (Give Mad of work 108, KIN	Single ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareig	an country) 112	CITIZEN OF
ane during mast af warking life, even if retired)				WHAT COUNTRY?
none.		Waldort 1	Maryland	
3. FATHER'S NAME	1 -	14. MOTHER'S MAIDEN NAM	NE J	
Greatge Hawl	LINS	Janie		
5. Wos Deceased Eve is U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT	. 1	AODRESS
(es, no or unknown) (If yes, give wor or dates of ser	SECURITY NO.	26/ 10	11 0	AODRESS
		THOSOLTON	Record)
18. / 6	CAUSE	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	Co	vila wid	call blad	des
(This does not mean the mode of dying,	e.g., DUE TO		0	wp. 1 p. 1 1 1 1 1
heart failure, asthenia, etc. It means the dis injury or camplication which coused deoth.)	eose,	2 r. D.		
ANTECEDENT CAUSES	(8)	word word	Come and	
		. ^	^	
DISEASES OR CONDITIONS, if any, guise to the above cause (A) stating		Aue o-	vases	
UNDERLYING CONDITION lost.	(0)	1	***************************************	*************************************
II		1		
OTHER SIGNIFICANT CONDITIONS CONTRIB				
TO THE DEATH BUT NOT RELATED TO	O THE			
19A. DATE OF OPERATION 198. CONDITION		20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND	INGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		Les	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE OID	(If in Millimore Cit	y, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	omce bidg., INJURY OCCUR?		
		035 110111 010 11111	Inv Accites	
21D. TIME (Month) (Doy) (Year) (Hour) FINJURY	21E, INJURY OCCURRED	21F. HOW OID INJU	JKT OCCUR!	
(APPROX)	While At Not Whi Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from	1449 9 , 1	967 to July	5 19 69
	h . 1. /		0 /	
that (I) (we) last saw the deceased alive			ıt ın(my) (aur) apinian	death accurred an the
and haur and fram the causes stated abo	ve. (I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE			23 E	DATE SIGNED
appravou	M.D. Att	lending Med.	Stoff Phy s.	7/5/67
23C.PHYSICIAN'S		23 D. ADDRESS	· ny » · cage	11-1-1
NAME (Type) EESAR A. BA	AUO		COUR HOIP	TAL
		,,,,,,		
AA. BURIAL CREMATION, 248. DATE 2	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (City, to	wn, or county
Bure 0 7-8-17	my/_ /	15 //	1 / 101	11/1/
DITUIX, I DEOI	1111 100011	7-12 2011 (And 11	11. 101	
SA. DATE REC'D BY HPALTH DEPT. ISER NA	ME OF REGISTIFAR	250 FUNERAL DIRECTOR	·u.co	ADDOC
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25g. FUNERAL DIRECTOR	·u·10	ADDRESS L
JUL 1 0 1967	ME OF REGISTRAR	25g. FUNERAL DIRECTOR	ruders 21	78 Jeeston

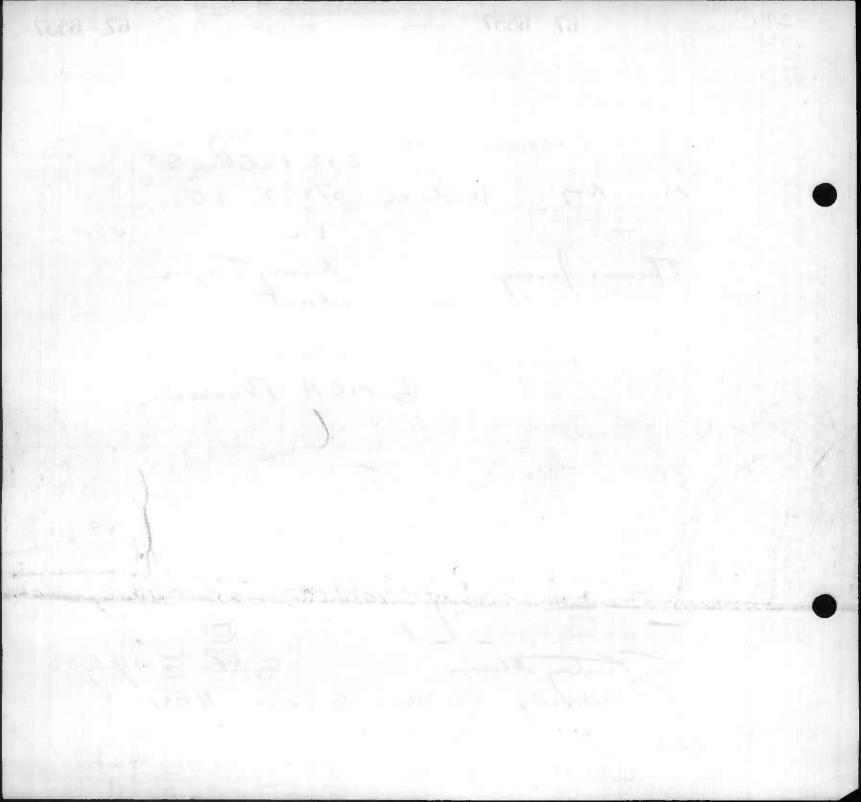
Bouttmore
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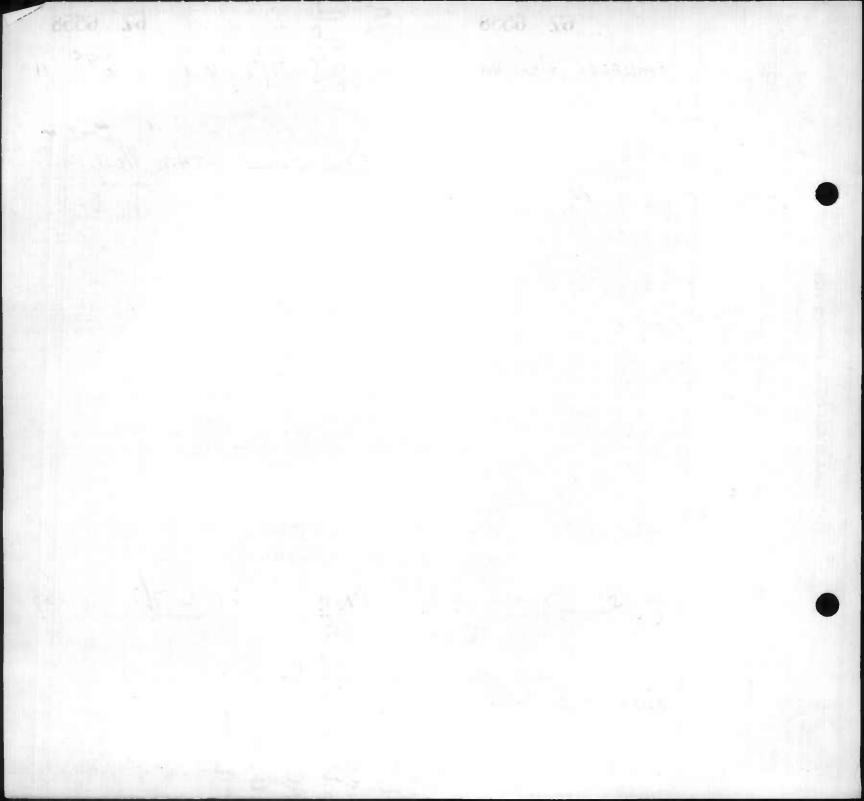
	050	BALTIMORE CIT	Y HEALTH DEPARTMENT		63.50	
BIRTH NO. M.E. CASE NO.	655	CERTIFICA	ATE OF DEATH	Registered No	67.	6557
1. NAME OF DECEASED (Type or Print)	JESSU	P	2. DATE AN	il G 7	17	00
3. PLACE OF DEATH IN BALTIMO		/	4. USUAL RESIDENCE (When	re decoused lived. If ins	titution: residence	-
			A. STATE B. COUN	ΤΥ /		04
FULL NAME OF (If not in I HOSPITAL OR oddress of	hospitol or institution (location)	n, give street	C. CITY OR TOWN (If our	laida aibi limita unita Di	Malford Street	
INSTITUTION		1.1	C. CITI OK IOWN (III 80)	side city limits, write Rt	At and live to	
UNIV. OF	TARYLA	up Hosp	D. STREET ADDRESS	rurol, give location)		
22	17-17.		632 P	Teller S	1	212
S. SEX 6. RACE	7. MARRI	ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Ooys 1	If Under 24 h
MN	WIDO	WED DIVORCED (specify)	5/8/87	lost birthdoy)	Months Ooys	Hours Min.
10A. USUAL OCCUPATION (Give kin			1 11. BIRTHPLACE State or fore	gn country)	12. CITIZEN OF	
done during most of working life, even if	retired)		1/		WHAT COU	and the same of th
3. FATHER'S NAME			14. MOTHER'S MAIOEN NA	AA E	00.	
S. FATHER'S NAME	Λ		14. MOTHERS MAJOEN NA	ME		
7 Komas	Vessus	1	Nancy	1 am Con		
5. Was Deceased Ever in U. S. Ar Yes, no or unknown) (It yes, give we	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE:	55
yes, give we		- SECORITI NO.	chart			
18. 2 2 7 VI		CALISE	OF DEATH		INTERVA	L BETWEEN
004	Ou Discouly	CAOSE (or beam			AND DEATH
DISEASE OR CONDITI			STRAKE			
(This does not mean the m		.g., DUE TO	STROKE			
heart failure, asthenio, etc. It		se,		\sim		
ANTECEDENT O		(B) (L)	MCAI	Krombozi	2	
		OUE TO				
rise to the above cous						
UNDERLYING CONDITION		1 - 1		-00000		
OTHER SIGNIFICANT CONDIT						
OISEASE OR CONDITION CA	U SING IT.					
	AS PERFORMED	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	1) 208. IF YES, WERE F	INOINGS CONSID	ERED
~						
OR CONTRIBUTING CAUSE	OF	home, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact I	ocotion)
OEATH (notify medical examine	er)	etc.)				
W OF IN HIDY	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DIO INJ	URY OCCUR?		
(APPROX)		While At Not Wh			1 -	
22 1 1 1 1 1 1 1 1			Al-	(-)	1.1.0	
22. I certify that (I) (this h	aspital) attende	d the deceased from	// 4	19 62 to	7 yung	19 6
that (I) (we) last saw the d	leceased alive a	in July	19 6 7 and th	at in (my) (aur) apin	ion death occu	rred on the
and hour and from the caus	es stated above	. (I) (We) (did) (did not)	view the bady after death.			
23A. SIGNATURE					238. DATE SIGNE	D
Comple	In M	Com M.O. Al	tending Med. ys. Director	Staff Phys.	4 Jule	,67
23C. PHYSICIAN'S	7		230. ADDRESS	,	1	-
NAME (Type)	16151	MUSICMO	C/2 1/2	HOS	D	
2/A RUBIAL CREMATION 12/2	ATE 100		1000000			15.
REMOVAL (Specify)		NAME of CEMETERY of C			y, town, or county!) (Stat
Burial 7/	8/67	Mt Calvary	Cemetry A	A Courtey	1.4	
25A. DATE REC'D BY HEALTH DE	PT. 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	1	AOD	DRESS
"1111 1 0 1	967 R.C.	A E Falkeman	Adolphus/Hal	Istead 1206 V	worth Ar	re
VS 150-REV. 1/1/65	OUT TINE			·		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		Old OF	BALTIMORE CITY	HEALTH DEPARTMENT		OF OFFO					
		н но. 67, 65	OS CERTIFICA	TE OF DEATH	Registered No.	67. 6558					
	1 N	AME OF DECEASED		4	HOUR OF DEATH	100					
		THULANER PRUL	AH	7/	167	640 AM.					
	3. P	PLACE OF DEATH IN BALTIMORE MARYLAND		A. STATE B. COUNT	y dedeosed lived. Il inst	litution: residence before admission)					
	F	FULL NAME OF (If not in hospital or instituting decision)	on, give street	C. CITY OR TOWN (II outs	ido city limite veito 91	JRAL and give_township)					
2	0"	NOITUTION		Baltim		8-06					
2	01	Iniversity Hesp	O	D. STREET ADDRESS (If re	urol, give location) 20	1014/Letayette Hi					
de.				CROWNS VILL	fi STATE	HOSPITAL					
300	5. S		WED, DIVORCED (specily)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
2	toA.	. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY		, –	12. CITIZEN OF					
isposition	done	e during most of working life, even if retired)		Va.		WHAT COUNTRY?					
osit	13. [FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Sp		Alex Stokes		Rosa							
0	15. V (Yes	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS					
1 Inc				Mrs Kosa	Mason .	1723 Homestead					
0		18.260 X 1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH					
Pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ALARBTIC ARTO ACIOOSIS									
<u>B</u>		(This does not mean the mode of dying, a heart failure, asthenia, etc. II means the disea	he of the second control of the second contr								
Ω		injury or complication which coused death.)									
e e	Ш	ANTECEDENT CAUSES	DUE TO	***************************************	***************************************						
are		rise to the above couse (A) stating									
remains		UNDERLYING CONDITION lost.									
E	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU									
e re	ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.									
the	TIFIC	194. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?					
ore	S. S.	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)					
before	CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, of etc.)	fice bidg., INJURY OCCUR?							
	EDI	2) D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?						
ained	8	(APPROX)	White At Not While At Work	° 🗆,		1-					
opt	1	22. I certify that (this hospital) ottende	/ 4	7/7	967.10	1967.					
pe		that (1) (ve) ast saw the deceased alive on									
must	13	and hayr and from the causes stated above	o. (I) (Gid not) v	iew the body ofter deoth.		DATE CICALED					
		YI. d	M.D. Atte	nding Med.	Siolf Phys.	238, DATE SIGNED					
۸۵		23C. MHYSICIAN'S NAME (Ppe)	Phys	s. Director L	Phys. 🕰						
approval		RURT P. SLIGH	R.D.								
dp	24A		C. NAME OF CEMETERY OF CRE			, lown, or county) (Stote)					
en		Burial 7/11/67 7	nt. Hubur,	n Cem la	Baltimor	e, md.					
written	2SA		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	22 1 0 ~	e, Md. EE. North Are					
\$	Ve	JUL 1 0 1967 R. C. 150-REV. 1/1/65	6 Establigha	WILLIAM CONI	IBROH TAS	E. Norly Hre					
	A 2										



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased FUNERAL DIRECTOR: IMPORTANT

on C		HEALTH DEPARTMENT	- \	67 6559
0.,	559 CERTIFICA	TE OF DEATH	Registered No.	07 0000
I. NAME OF DECEASED		2. DATE A	AND HOUR OF DEATH	
(Type or Print) FRANKLIN	H. BURH	CE Sr 7-9	7-67	14:58 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (WI	here deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or institut	ion ave steet			NDELLI.
HOSPITAL OR oddress or locotion)	ion, give sheer			RURAL ond give lownship)
MARYLAND GENERA	12 HOSP	LINTHICUM F.	1975	52-00
TIAN 4 INFO O ELO CITA		D. STREET ADDRESS	Vrurol, give location)	,
48		114 N H	AMMOND	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	ARRICO	6-20-91	76	
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. (RAILROAD)	RANSPORTATION	Md		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
DAVID		(-PORCETT	e BARRE	>71
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	,	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of servi	SECURITY NO.	1:40/10	Parl	SAME AS DEC.
9es UNK.	216-01-2473		ce Bunce)	INTERNAL DETWEEN
18.4	CAUSE O	P DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	M.	10 CARDIAL	1 LONGET	1/11/000
(This does not meen the mode of dying,		700012014	La TARCTA	30 10000
heart failure, astheria, etc. It means the dise	050,		/	The state of the
ANTECEDENT CAUSES	(B) Car	onary alter	y occlusio	n
	DUE TO		1	
DISEASES OR CONDITIONS, if ony, gi	the (C) Ar	Terioscleration	CVdiseas	su-
UNDERLYING CONDITION losi.				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	OR WHICH OPERATION	20A. AUTOPSYATES OF	Noll 208 IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F	OK WINGH OFERAHON	AS TO IST.	IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, loim, foctory, street, or	ffice bldg., INJURY OCCUR?		
1VO	NONE	215 110 110 110		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While	21 F. HOW DID IN	NJURY OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (T) (this hospital) attend	ed the deceased fram	73	19 67 to 7	<u>- 9 19 6.7.</u>
that (1) (we) last saw the deceased alive	an 7-9	19 67 and		nian death accurred an the date
and haur and from the causes stated above	e. (I) (We) (did) Tata-not)			
23A. SIGNATURE	1	Town the body after doubt	••	23B. DATE SIGNED
Fr. 11 12 - 13	And M.D. Atte	ending Med.	Stoff 1	7917
22C BHYSICIANS	Phy	s. Director	Phy s.	1-1-6/
23C. PHYSICIAN'S NAME (Type)		TOP: ADDRESS		
	M.D.			•
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D.		ity, town, or county) (State)
Burial 7/12/67	Loudon Park		Baltimore, M	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
1111 10 1967 600	A A Fallwar	Wm. Cook-Bro	oks Inc. Bal	tmore, Md. 21202
VS 150-REV. 1/1/65	A STATE OF THE STA	6 5 6 9		

7. 3.4 7

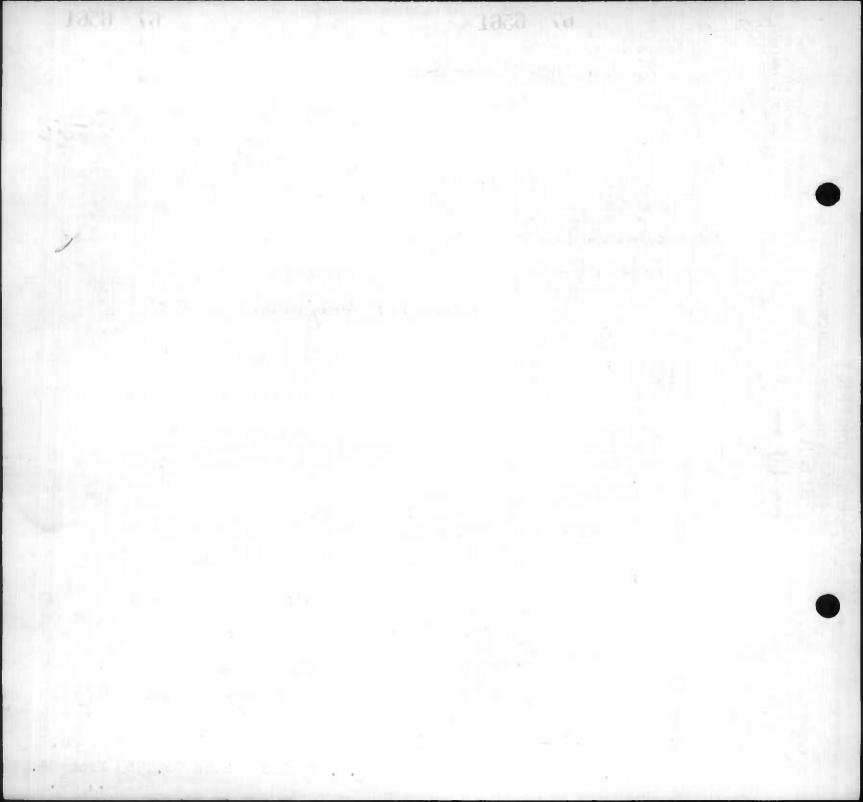
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	DP3	OF CO BALTIMORE CI	TY HEALTH DEPARTMENT		0500
WRTH NO.	67.	6560 CERTIFIC	ATE OF DEATH	Registered Na	67 6560
M.E. CASE NO.	CEASED		2. DATE AN	D HOUR OF DEATH	
Type or Print)		(- 1.11	1 1		10-10 0
B. PLACE OF DE	ATH IN BALTIMORE, MARYL		4. USUAL RESIDENCE (When	deceosed lived. If instit	utian: residence belare admissian
F					
FULL NAME OF	OF (If nat in haspitol or i address or location)	nstitution, give street	C. CITY OR TOWN (If aut	side city limits, write RUF	RAL and give township
INSTITUTION			0 11		1-02
+4			D. STREET ADDRESS (III	rurol, give location)	
Unier	1 Memorial	Hospital	25 West	Chase Str	eet, Apt A
. SEX	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9, AGE (In years	If Under 1 Yr. H Under 24 Hr Nonth's Days Hours Min.
Male	White	Never marrie	d March 11, 1908	59	
OA, USUAL OCC one during most of	UPATION (Give kind of work 10 working lile, even it retired)	B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote ar farei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Office	e Manager	Insurance	Brooklyn	, N. Y.	U.S.
3. FATHER'S NA	ME S		14. MOTHER'S MAIDIN NAM	A.P.	
Willi	am T. C.	mobell	Margaret	Hanve	u
5. Was Decease	d Ever in U. S. Armed Forces n)(If yes, give wor or dotes o	? 16. SOCIAL SECURITY NO.	17. INFORMAN		ADDRESS
1 1455		1	Advicesion	Histon	Shoot
18. // つ	AWW	CAUSE	OF DEATH	riscore	INTERVAL BETWEEN
DISEA	SE OR CONDITION DIREC	TLY	acute hursca	edial Juta	TO THEE AND DEATH
	LEADING TO DEATH	(A)	Mucardiel	Infanction	2 daus
	not meon the made of dy, asthenia, etc. It means the				
	mplication which caused de				3 1
	ANTECEDENT CAUSES	(B)	Coronzag	CCLARTON	Jazys
DISEASES	OR CONDITIONS, if any	, giving	+ 1 1	11. 60	0
	ne above couse (A) st G CONDITION last.	aling the (C)	cterioscierolic	Heart Visea	se 20 years
				7/10	
OTHER SIGN	II IIFICANT CONDITIONS COM	TRIBUTING		101. 100	W Tollar.
E TO THE	DEATH BUT NOT RELATE	D TO THE	almonary En	2 00 115	3 0 245
	F OPERATION 198. CONDIT	TON FOR WHICH OPERATION	20A. AUTOPSY (Yes or No	208. IF YES, WERE FIN	DINGS CONSIDERED
19A. DATE O	WAS PERFOR	IMED	Ue.	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDI	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.g	office bldg., IN URY OCCUR?	(If in Baltimore C	City, give exoct location)
DEATH (notif	uting Cause of y medical examiner)	etc.)	office blug., INJORI OCCOR:	0	
21 D. TIME	(Manth) (Doy) (Year) (Hour 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY		While At Not W			
	1 . 40 / L L	Work At Wo	7.0	. / 7	
		ittended the deceased from	1.5	9 67 to Juli	19.67
	→last saw the deceased	3		at in(my) (aux) apinia	in death accurred an the do
		above. (1) (We) (did) (did nat) view the bady after death.		
23A. SIGNAT	URE		VV		3 B. DATE SIGNED
13	nice. E.	Cathey M.D.	Aftending Med. Phys. Director	Stafl Phys.	July 8, 196
23 C. PHYSICI	BRUCE E CATHI		23D. ADDRESS)
R	Succe E Call	Cathou M.	THE UNION WEMO	RIAL HOSPIT	AL: tal
24A. BURIAL CR		24C. NAME OF CEMETERY OF	CREMATORY 24D. LO	CATION (City,	to n, ar caunty) (State)
REMOVAL	(Specify)	Baltimore Na		tonsville, Md	
Buri 25A. DATE REC'I		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	constite, no	ADDRESS
	JUL 1 0 1967 6	D. G. E. Farburta		oke Inc. Relt	imore, Md. 21202
40 100 BC14 147	The state of the s	oxyen a factorism	Will. GOOK-DLO	ors Inc. Date	
/S 150-REV. 1/1.	/00				

Material Harvey Campbell July 7, 1967 10:30 M Mary land Baltimore Union Memorial Hospital 25 West Cheek Street , Apt Al Male, White Never married March 11, Mas 59 OFFice Manager Insurance Brooklyn , N. Y. U.S. Margaret Harvey William T. Campbell Unknown Admission History Short Myseardial Inforction 2 days Corenary Ocelusion 3 days Arterioschentic Henry Bistone 20 genes Palmenary Emblus 3 days July 7 day 22 67 July 7 Bruce E. Cathan July 8, Well Bruce E. Cathay · Later than the second of the

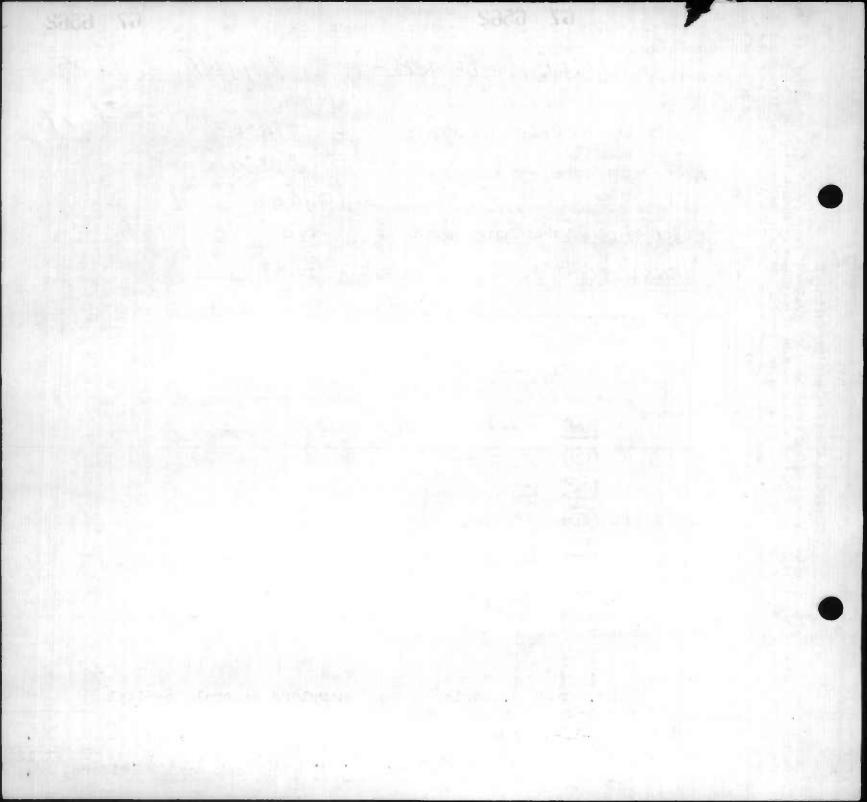
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

	67 65	BALTIMORE CITY	HEALTH DEPARTMENT	(67 6561
1	H NO.	CERTIFICAT	TE OF DEATH	Registered Na.	6561
1. N	AME OF DECEASED	Halan C		D HOUR OF CEATH	1040
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND			e deceased lived. If insti	tution: residence before odmission)
ŀ	FULL NAME OF (If not in hospitol or institut HOSPITAL OR address or location) NSTITUTION	tian, give street	C. CITY OR TOWN (If au	side city limits, write RU	RAL and give Jownship)
11	Keswick		Dallimer.	ural, give location)	15-01
1			700 W. 40	Vh. 55.	
5. S	F W WIDE	OWED DIVORCEO (specify)	Dec. 4 1894	1 ast birthday)	If Under 1 Yr. If Under 24 Hrs. Nanths Ooys Haurs Min.
	USUAL OCCUPATION (Give kind of wark 108. KIN during mast of werking life, even it retired)	STOLL DOLL -	141 ()	gn country)	12. CITIZEN OF WHAT COUNTRY?
3.	FATHERS NAME		Movy 1= ud	ME	U.S.A.
7	ohn Judson Curley		CORS Chen	oweth	
Yes	Was Deceased Ever in U. S. Armed Farces? s,na ar unknown) (If yes, give wor or dates of serv	rice) 1 6. SOCIAL SECURITY NO.	7. INFORMANT	0 0 0.	ADDRESS
_	18. 22/VI	CAUSE OF	Mary B. DI	Paule KIN	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	10	ce him masses	luc accid	ONSET AND DEATH
	(This does not meen the mode of dying, heart failure, asthenia, etc. It means the disc		ve p to varcu	no accine	n Lowis
	injury ar camplication which caused death.)	(8) /91	nevalizeda	erteriosele	wa Yeers
	DISEASES OR CONDITIONS, if ony, gi	OUE TO			16 p 6 p
	rise to the obove cause (A) stoting UNDERLYING CONDITION last.	the (C)			
ATION	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING THE			
ERTIFICA	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, offi	ar about 21 C. WHERE DID	(If in Baltimare C	city, give exact tacotion)
-	21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21 E. INJURY OCCURRED While At Not While	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Wark At Wark		7/	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive			ot ip(my) (aur) apinio	In death occurred on the date
	and haur and fram the causes stated above	/e. (1) (We) (did) (did no) vi	ew the body after death.		
	23A. SIGNATURE RX GEN	M.O. Atten	ding Med.	Staff Phy s.	3B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) PK Gun		3D. ADDRESS	ressity Ptu	y-21218
24A	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	AC. NAME of CEMETERY OF CREA	MATORY 24D. L	OCATION (City,	town, or county) (State)
25 A	Burial 7-11-67 DATE REC'D BY HEALTH DEPT. 258. NA	Druid Ridge	P11	resville	Md.
234	JUL 1 0 1967 AP 0	OF FIRM	H.W.Jenkins		
VS	150-REV. 1/1/6S		9 4 4		Balto. Md.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the companient of final dispussion is made. IMPORTANT FUNERAL DIRECTOR:

1	67 65	62 BALTIMORE CITY	HEALTH DEPARTMENT		CM CECO
1	H NO. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 6562
1. N/ (Type	AME OF DECEASED B OF PRINT! LACE OF DEATH IN BALTIMORE MARYLAND	12 BURTRAM =	- 7/	7 67	12,25 M.
F	ULL NAME OF (If not in hospital or institut	tion, give street	A. STATE B. COUL		illution: residence before admission)
	OSPITAL OR oddress or locotion) ISTITUTION MARYLAND GENERAL	HOSPITAL	BALTIM	orbide city limits, write R	URAL ond give township)
4	18		757 MCK	Cewin Av	<u> </u>
5. \$1	M W	RIED NEVER MARRIED DWED, DIVORCED (specify)	12/15/82	9. AGE (In years lost birthday) 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired) 27 RCD - Bies Datace Ba	d of business or industry	11. BIRTHPLACE (Stole of fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	HENRY KNELLER		EUA GRAF		
15. V (Yes,	vos Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serv	16. SOCIAL SECURITY NO. 214 37787	Wettle Kr	eller	SAME NS DECRASED
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distinjury or complication which coused death.) ANTECEDENT CAUSES		lone PHR ins		/ routh
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.		al Calculi		174RS
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Soltimore	City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work		JURY OCCUR?	
1	22. I certify that (M)(this hospital) attend that (M) (we) last saw the deceased alive	7 /	6-21 1967 and t	19 6 Z to hot in (my) (Our popin	7-7 19 67
	and hour and fram the couses stated above	n - / n MD. Atte	ending Med.	Stoff	23 B. DATE SIGNED
	23C.PHYSICIANS NAME (Type) Dr. Frank J.	Zorich M.D.	23D. ADDRESS	General Hos	spital
E	Burial 7-11-1967	C.NAME of CEMETERY of CRI Loudon Park C	emetery Ba	altimore,	y, town, or county) (Stote)
	JUL 10 1967	ME OF REGISTRAN	H W Jenk:	ins & Sons York Road	Co ADDRESS 21212 Baltimore, Md.



	000	BALTIMORE CITY	HEALTH DEPARTMENT		CH CECO
M.E. CASE NO.	67. 656	CERTIFICA	TE OF DEATH	Registered No.	67 6563
1. NAME OF DECEASED	ce Reb	ecca La	timer 2. DATE	AND HOUR OF DEATH	1 5,20
3. PLACE OF DEATH IN BALTIN	MORE MARYLAND		4. USUAL RESIDENCE (WA. STATE		tution: residence before odmis
HOSPITAL OR oddress	n hospital or institution, g or location)	ve street	Ma D	altimore outside city limits, write RU	RAL and give township)
institution the	Union Me	mortal	Bultin	ore	127-19
44		Hospital	7 Elmhur	(If rurol, give location)	
	VI WIDOWED,	DIVORCED (specify)	3/3/10	lost birthdox 7	II Under 1 Yr. If Under 24 Month's Doys Hours Mi
10A, USUAL OCCUPATION (Give dose during most of working life, eve		BUSINESS OR INDUSTRY	11. PARTHPLACE ISloid of I	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME	A.	Bruco	14. MOTHERS MAIDEN N	bel Ge	orgo
15. Was Diceased Evy in U. S. IYes, no or unknown) (If yes, give	Armed Forces? wor or dates of service)	16. SOCIAL SECURITY NO. 214-16-304	17. INFORMANT	a B was	ADDRESS!
118.		CAUSE OF		e. Doyce	Dal to, Pl
DISEASE OR COND		Fay	t metangp	hore's of live	ONSET AND DEATH
LEADING TO	mode of dying, e.g.,	(A) DUE TO	earl jar	TO PE	**************************************
heort foilure, osthenio, etc.		C	map (tive	bears tail	1
ANTECEDENT		DUE TO	0/1/	, car (14.70	1 2 1
DISEASES OR CONDITION TISE TO THE OBOVE CONDITION UNDERLYING CONDITION	use (A) stoting the	(C)	Elcohol	15 M	W.K.cy
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO THE				
19A. DATE OF OPERATION	198. CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? IYes or	No) 208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIONT WAY UND	FRI YING 7 R	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRUCTING CAU	SE OF home	e, larm, láctory, street, olt	ice bldg., INJURY OCCUR?		
OF INJURY		INJURY OCCURRED e At T Not While		INJURY OCCUR?	
(APPROX)	Work	At Work	7/3		17
22. I certify that (I) this		e deceased from	19 67 and	that in my (our) opini	on death occurred on the
and hour and from the co		We) (did) (did not) v			
23A. SIGNATOR	11111	M.D. After	nding Med.	Stoff 2	38. DATE SIGNED
23C. PHYSICIAN'S	wegun	Phys	Director	Phys.	1/1/6
NAME (Type)	BARRY J. W	EEKESSER,	24 East E	HON MEMORIA	L HOSPITAL
24A. BURIAL CREMATION, 24B REMOVAL (Specily)		ME of CEMETERY of CRE		LOCATION (City,	, town, or county) (Sta
Burial 7		en Mount Ce		Baltimore,	Md,
25A. DATE REC'D BY HEALTH	0 1967 GLE	b E Tarbert	H. W. Jen	kins & Sons 4905 York Re	Co. Balto., N
VS 150-REV. 1/1/65	, re'	- ·N	- U	7.707 20222 200	

5000 Vd Md BaltimoreCay The Word Memorial Hospital Bultimore 7 Elmburt Read Cauc Unemplayed Amabel George Hey word A. Boyce Heart tadore Chrohotes on these Pesp rancy Ritrers 29 c/L 4/2 THE RESERVE OF THE PROPERTY OF

BIRTH NO. 67. 6	TEC 4	HEALTH DEPARTMENT TE OF DEATH Regi	stered No. 67 6564
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) H. 1 129 hat	h Hopkins Reip	2. DATE AND HOUR	
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	-		ed lived. If institution; residence before admission)
FULL NAME OF III not in hospital or instit HOSPITAL OR address or location INSTITUTION		A. STATE B. COUNTY Maryland	timits, write RURAL and give towaship)
5415 The Alameda		D. STREET ADDRESS (If lurol, give 5415 The Alamed	
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE 10st big 1	In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KI done during most of warking life, even if retired) Housewife OW	nd of business or industry n Home	11. BIRTHPLACE (Stote or foreign count) Newfoundland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Charles Hopkins		14. MOTHER'S MAIDEN NAME	Hopkins
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no orunknown) (Iff yes, give wor or doles of se	rvice) 1 6. SOCIAL SECURITY NO.	Mrs. B. J. Hayr	nan Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, heart foilure, osthenio, etc. It means the diinjury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stating UNDERLYING CONDITION lost.	IB) DUE TO	tusire oanlie s dises	se cular
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	Lis signord col	F YES, WERE FINDINGS CONSIDERED RIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner	21B. PLACE OF INJURY (e.g., in home, faim, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	(If in Boltimore City, give exoct tocotion)
21D. TIME (Month) (Doy) (Yea) Hour IAPPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OC	CUR?
22. I certify that (I) (this hospital) after that (I) (we) lost saw the deceased aliveral hour and from the couses stated about	o on buly		y) (ear) opinion dooth occurred an the date
23A. SIGNATURE POLICE PHYSICIANS PARMA	M.D. Atte	nding Med. Phys. 23D. ADDRESS 1531 E. North	Zyerky 1967 Avenue Baltimore, Md
REMOVAL (Specify)	Loudon Park Ce		
Burial 7-10-67 25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR H. W. Jenkins	ADDRESS 27 27 2
VS 150-REV. 1/13UL 10 1967	of E stalley MA	6 5 7 14905	York Road Balto Md.

Appetium carka monte Berit. It to some lake

BIR	67	6565 MED		BALTIMORE CITY HEAL CAMINER'S CE			DEATH Register	red NG	7 65	65_
M.	E. CASE NO.			•						
1. (Ty	NAME OF D						HOUR PRONOUNCE	D DEAD	(10 =	
			RLES C.				-67		6:40 P	M.
FU	LL NAME OF	LTIMORE, MARYLAND, W	AL OR INSTITU		Marylan	d	deceased lived. If insti-	NTY		
IN:	STITUTION UN	ADDRESS OR LOCA IVERSITY HOSP		OOA	Baltimo:	re			17	-07
6	19				1235 Di					
5.	SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years lost birthday)		Days Haur	
	Male	Colored	M				63			
		CUPATION (Give kind of world world world) working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	Maryla Maryla	_	n cauntry)	12. CITIZI WHA	T COUNTRY?	
13.	FATHER'S NA		1		14. MOTHER'S MA	NDEN NAME				
			?					?		
	s, na or unknow	ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	no				Mrs J	ulia He	enson , sa	me	INTERVAL B	
ERTIFICATION	(This daes heart foilur injury ar c	ANTECEDENT CAUSES SES OR CONDITIONS, IF ANY, GIVING DITE ABOVE CAUSE (A) STATING THE RLYING CONDITIONS CONTRIBUTING HE DEATH BUT NOT RELATED TO THE			cerioscler	otic he	eart disease		ONSET AND	DEATH
O	0	WAS PER	FORMED	WHICH OPERATION	No		20B. IF YES, WERE FIN IN CERTIFYING CAUS	ES OF DE	ATH?	
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in ar obaut) hame, factory, street, affice bldg., INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) 21E. PLACE OF INJURY (e.g., in ar obaut) hame, factory, street, affice bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE M. WORK									
		TURE NER'S (Type) CHARLES	S. SPR	Suicident Suicide	CHIEF ME ASSISTANT ME ASSOCIATE ME	le UEDICAL EXEDICAL EXEDICAL EXEDICAL EX	AMINER		DATE SI 7-6-67	
	Burial A. DATE REC	7/10/6' D BY HEALTH DEPT.	7 248. NAME		CM PICT VUNERA			151	DDRESS	
VS	151-REV. 1/	UL 1 0 1967	Robert	E. Farbeins	Adolph	us Hal	stead 1206	w	rth Ave	*
				W 40 C	0	the said				/

CPY OF	BALTIMORE CITY	HEALTH DEPARTMENT		OFOC			
BIRTH NO. M.E. CASE NO.	66 CERTIFICA	TE OF DEATH	Registered Na.	67. 6566			
1. NAME OF DECEASED (Type or Print) FEITON RO	5E	2. DATE AND	6 7	12:30 AM.			
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT		on: residence before admission)			
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
go George Was	HNGTON	D. STREET ADDRESS (If rurol, give location)					
Carren Nunsing	Home	1700 Eutaw Place apt. 1A					
	NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.					
IOA, USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or foreign	gn country) 12.	CITIZEN OF WHAT COUNTRY?			
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	AE	U.S. Q.			
UNKNOWN		INKNOW	N				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
118.	CAUSE OF	Chint	71- 4/3	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY	CA03E 0	P DEATH		ONSET AND DEATH			
LEADING TO DEATH (This does not mean the made of dying,		and was	ewar t	MM 1765			
heart failure, aslhenia, elc. Il means the diser injury ar camplication which caused death.)	150,	1 solf and	arturade	1			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given	senter						
rise to the above cause (A) stating UNDERLYING CONDITION last.		mein		2-43			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
198. CONDITION FOR WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI	NGS CONSIDERED OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City	, give exact location)			
Z1D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not Whith Work At Work	21F. HOW DID INJU	JRY OCCUR?	/			
22. I certify that (1) (this hospital) attende		7/8	96/10	1967.			
that (1) (we) last saw the deceased alive an							
23A. SIGNATURE M.D. Attending Med. Director Phys. 23B. DATE SIGNED							
23C. PHYSICIAN'S YAME (Type) ZS J.N	Mac MURCH	230 ADDRESS SOO	gunisa	n Blod.			
REMOVAL (Specify)	C. NAME of CEMETERY of CRE	A A		wn, or county) (State)			
Burial 7/8/67 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	Mt Calwary C	CHOSE TUNERAL DIRECTOR	A County Md	ADDRESS			
30L 10 1307 (12)	reb E. Falkyna	Ade phus H	1229 1296 V	North Ave			
VS 150-REV, 1/1/65	0 / 0	0 3 7 0	4				

1.0000 10

1. NAME OF DECEASED			2. DATE AND HOUR P	PONOUNCED DEAD	
CHARLENE	CRAW		July 3, 1	967	4:03 P.
3. PLACE IN BALTIMORE, MARYLAND, WI FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA INSTITUTION SOUTH BALTIMORE HOSP	L OR INSTITUTION, GIVE STREET TION)	Maryla c. city or to Baltimo D. STREET ADD	WN (If outside corporate	limits, write RURAL	sidence belore odmissio
Female Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Baby	B. DATE OF BIRT	H 9. AGI	(In years II Und Months	er 1 Yr. II Under 24 Hr. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby 3. FATHER'S NAME		Balti	more Maryla	WH	ZEN OF AT COUNTRY?
Charles Vines	FORCES? 116. SO CIAL	France 17. INFORMANT		d ADDRE	
Yes, no or unknown) (III yes, give wor or dates		Mother	, same	ADDRE	55
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which caused d	dying e.g., DUE TO	00	Pneumonitis (SDII)	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF AI RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON	ATED TO THE				
MAS PERF	OITION FOR WHICH OPERATION ORMED	Ye:	(Yes or No) 208, IF YE	WERE FINDINGS	CONSIDERED Y
V 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	21B. PLACE OF INJURY (e.g., home, lam, factory, street,	in or obout 21C.	WHERE DID (If in Boltim	ore City, give exact	location)

22.

I certify that I held on Inquiry

resulted from: Notural couses X

Autopsy X Inspection ___ Accident Suicide

ond that on this bosis, deoth in my opinion Homicide Undetermined monner

CHIEF MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specily)

JUL 1 0 1967

23C NAME of CEMETERY or CREMATORY

23D. LOCATION (City, town, or county)

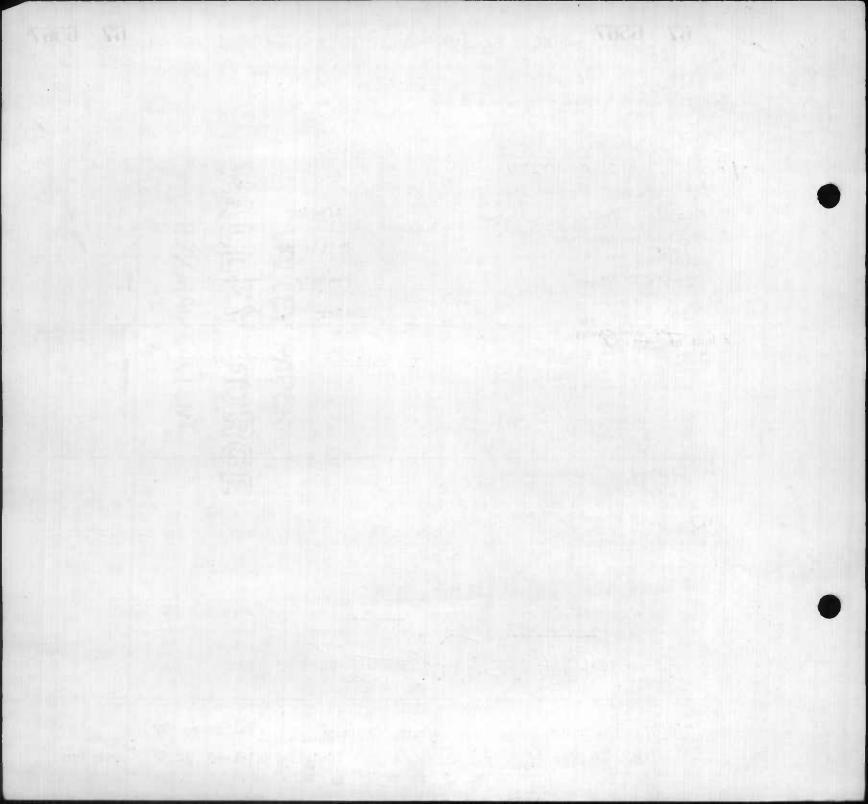
7/4/67

248, NAME OF REGISTRAR

Robert E. Farburns

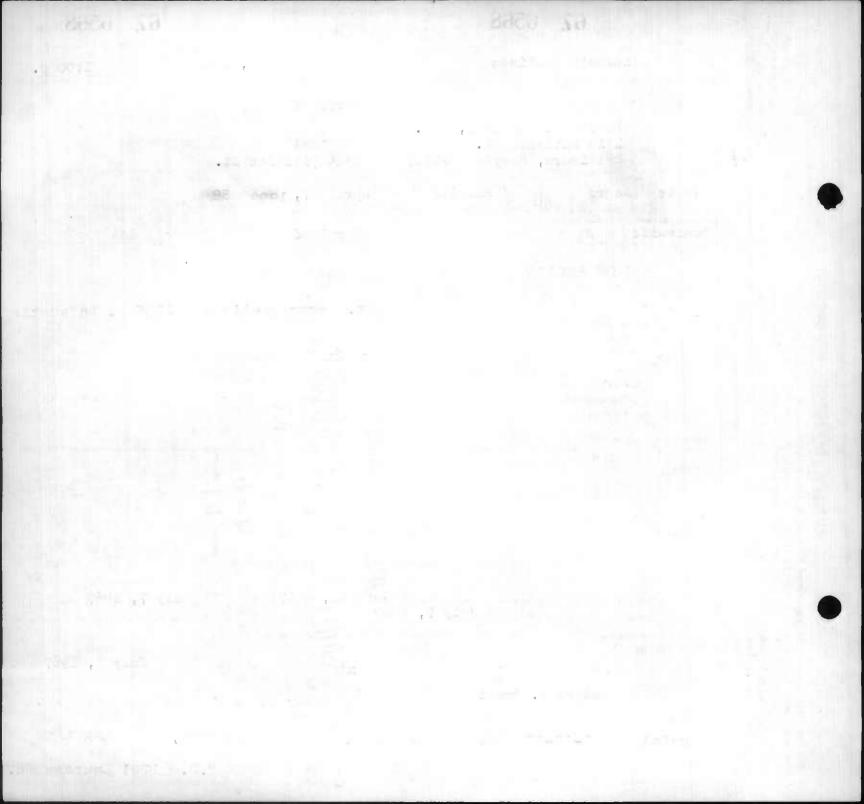
Adolphus Halstead 1206 W North Ave

V\$ 151-REV. 1/1/65



	death occurred to contribution of contribution of contribution of contributions in regular te deceased prosition is made.
IMPORTANT	Also, if the directed any kind; (4) nounced death wattendance on the limed or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner. Also, if the direct or contribution the body was released to the hospital by a medical examiner. Also, if the direct or contributions shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased previtten approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be app the body was released to the shows: (1) An accident of ar was D.O.A. at a hospital (edeceased prior to death); written approval must be o

	H NO.	6%	6568	CERTIFICA	ATE OF	DEATH	Registered No.	67	6568
1. N	AME OF DECE	ASED Lizabeth Ra	wlings			2. DATE AP	7, 1967	- 70	1:0
3. P	LACE OF DEAT	TH IN BALTIMORE, MA	RYLAND		4. USUAL A. STATE		re deceased lived. If i	nstitution: 10	esidence before
F	ULL NAME OF	(If not in hospital	or institution, giv	e stieet	Mary	yland	4 1 4 4 4	2112.1	
	NSTITUTION	Provident		1, Inc.			tside city limits, write	KUKAL one	give lownship
	39	1514 Divi					rurol, give lacation)		
	91	Baltimore	•		-	+ Divisio			
	emale	Negro		DIVORCED (specify)		27, 190	The second secon)f Unde Manths	Doys Hours
		PATION (Give kind of worl orking life, even if retired)	108, KIND OF B	USINESS OR INDUSTR	Y 11. BIRTHP	LACE (State or fore	ign caunity)		ZEN OF AT COUNTRY
	ousewif					yland		U	SA
13.	FATHER'S NAM	E			14. MOTH	ER'S MAIDEN NA	ME		
		JOHN ANDE				ARY ANDE	RSON		
15. V (Yes	vas Deceased ,na ar unknawn)	Ever in U. S. Armed For (If yes, give wor or dote	rces?	6. SOCIAL SECURITY NO.	17. INFORM	MANT			ADDRESS
						Oscar Ra	wlings :	1805	W. Laf
	18.	2 X 1		CAUSE	OF DEATH				ONSET AND
		E OR CONDITION DI	RECTLY	(e	L. R	- 72	lani T		4 who
		of meen the mode of		DUE TO		Test In			999 999 999 999 999 999 999 999 999 99
		olicotion which coused			1	1	loon t		1
		NTECEDENT CAUSES		DUE TO	Lenne	- aren			
		R CONDITIONS, if obove couse (A)		(C)					
	UNDERLYING	CONDITION lost.							
ATION	OTHER SIGNIF	II TCANT CONDITIONS C TATH BUT NOT RELA	CONTRIBUTING	b			e-		- 0
		CONDITION CAUSING	1T.	IICH OPERATION	120 May	JTOPSY? (Yes or N	200 (F VEC MERC	FINIDINGS	3 day
ERTIFIC	OF THE OF	WAS PER		IICH OPERATION	ZUANA	No	IN CERTIFYING CA	AUSES OF	DEATH?
O	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	218, Pi home, etc.)	LACE OF INJURY (e.g., laim, factory, street,	in ar about 2 office bldg., IN	1C. WHERE DID NJURY OCCUR?	(If in Baltimo	re City, giv	e exact lacatio
5	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Haur) 21 E.)	NJURY OCCURRED	2	IF. HOW DID IN.	JURY OCCUR?		
ME	(APPROX.)		While	At Wat Wa	nile 🗌				
	22. I certify	that (1) (this hospita	l) attended the	deceosed fram	June 23	, 1967	19 to Ju.	Ly 7,	1967
		lost saw the decease		July 7, 19	19	ond th	nat in (my) (our) op	inian dea	th accurred
	and hour and	from the couses sto	ted above. (I)	(We) (did) (did not)	view the bo	ody after deoth.			
	23A. SIGNATUR	RE DO	3 1			AA - J	30.43		Ly 8, 1
		Kolord	J. Ans	M.D. A	ttending x	Med. Director	Staff Phy s.	ou.	ra of T
	NAME (Ty	Pel Roland	T. Smoot	M.C	23D. ADDRE		x ke.	Bee	-15
	REMOVAL (S	Pecify) 248. DATE	24C. NAA	AE of CEMETERY OF C	REMATORY			City, town,	
24A		7-10-	67 MOU	NT AUBURN	CEM.	E	BALTIMORE,		MARYI
	Burial								
		BY HEALTH DEPT.	25B. NAME OF			TON & D		170	ADDRESS Laure



NIABAR OF P	DECEASED			In PLATE	AND HOUR OF DEATH	
NAME OF E	RANDOLPH. Joh	n (NMI)		uly 7, 1967	11:30 A
FULL NAM	DEATH IN BALTIMORE, MA	RYLAND			here deceased lived. If in	nstitution: residence before admissio
HOSPITAL OR oddiess or locotion) INSTITUTION Veterans Administration Hospital			c. city or town (If Baltimore	outside city limits, write-	AURAL and give lownship)	
27	3900 Loch Ray Baltimore, Ma	ren Boul	evard	D. STREET ADDRESS 4230 Norfo	(If turol, give locotion)	
Male Male	6. RACE Negro	7. MARRIED, WIDOWEE Ma	NEVER MARRIED D, DIVORCED (specify) rried	6/10/1888	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
ne during mos	CCUPATION (Give kind of world of working life, even il retired) or (retired)		BUSINESS OR INDUSTRY	Fluvoria,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S I				14. MOTHER'S MAIDEN I		
Was Decen	s Randolph sed Ever in U. S. Armed For	rces?	1 6. SOCIAL	Jain Payn	•	ADDRESS
Yes	10/27/17-3/2	29/18	218-20-0662	VA Hospital	Records, Bal	Ltimore, Md. 21218
18. Life 6	7-6X1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DIS	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			Uramia	7days	
heort failuinjury or DISEASES	es not meen the mode of ure, osthenia, etc. It means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) (ING CONDITION lost.	the disease, deoth.)	(B) art		phroscherosi	
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DISEASES rise to UNDERLY OTHER SI TO THE DISEASE 19A. DATE 21A. ACCO OR CONT DEATH (n 12 I.D. TIME OF INJUR (APPROX.) 22. I cert thot (C) ond hour 23A. SIGN AA. BURIAL	UTE, OSTHERIA, etc. If means complication which caused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) (ING CONDITION lost.	any, giving stating the CONTRIBUTION FOR THE LIFE OF T	B. Cord DUE TO (B) Cord DUE TO (C) Ch (C) Ch (E pid dynw GE Barran P. WHICH OPERATION OF CMIT G. PLACE OF INJURY (e.g., ir te, form, loctory, street, of INJURY OCCURRED ille At Nork he deceased from July 7th (We) (did) (did) (did) (f) Phy	20A. AUTOPSY? (Yes or Yes n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR 21F. HOW DID May 23rd 19 67 and riew the body ofter deal conding Med. 23D. ADDRESS 3900 VA Hospital,	No) 208. IF VES, WERE IN CERTIFYING CA (If in Boltimore) 19 67 to Ju that in (Ay) (our) op h. Staff Phys. X Loch Raven I Baltimore, Ma	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location? Ly 7th 19 67 inion death occurred on the death occurred oc

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327		HEALTH DEPARTMENT					
5-10	BIRTH NO. 67. 6570 CERTIFICA	TE OF DEATH Registered No. 67 6570					
and sed the	A P CACE NO						
deat deat ease n th Suc	1. NAME OF DECEASED THERESA MARIE LUTCHE (M	IRS SAMUEY JULY 10, 1967 1 3:00 Am.					
spital an of deat 5) Decease nce on the	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY BALTO MARY LAND					
cause se; (5) andance to dea	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give toward)					
	UNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)					
D.E O B.E .	44	3709 ALAMBDA CIRCLE #18					
trib min gul sed	Female 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 82 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,					
the concept	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSE WIFE	11. BIRTHPLACE (Stote or foreign country) GERMANY 12. CITIZEN OF WHAT COUNTRY? USA					
dea Unc as e d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
7 5 5 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	WINDERLAND ROTH	ROSALIE (UNKNOWN)					
- 0 a d a	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
the the de de de ina	No	MRS NAOMI ERNA WEGLEIN 3709 ALAMEDA CIRCLE					
if if iny ed	18. 3 3 / X I CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH					
f o d	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
Als Als nou att	(This does not meon the mode of dying, e.g., DUE TO	REBRO VASCULAR ACCIDENT 11 hours					
iner. actu pro ular	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
F	ANTECEDENT CAUSES (B)						
A f who	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)						
(3)	UNDERLYING CONDITION last.						
dical elical elical elical elical elical elical elical elical was in mains	1						
med hour phy an v	A DISEASE OR CONDITION CADSING II.	ULHOWARY EDEMA					
by a r 2) Body re the physici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21 A. ACCIDENT WAS UNDERLYING home, form, foctory, street, of etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR?					
by Kh	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
hospital nature; (ept whe d (6) No ained be	OF INJURY (APPROX.) While At Not Whi Work At Work	le					
5 × × E td	22. I certify that (I) (this hospital) attended the deceased from	114 9 th 1967 to July 10 th 1967.					
000.0	that (I) (we) lost sow the deceased alive on July 10 Th	that (1) (we) lost sow the deceased alive on July 10 th 19 67 and that in (my) (our) opinion death occurred on the date					
ed ed od pit pit sat	ond hour and from the causes stated above. (1) (We) (did) (dld not) view the body after death. 23A, SIGNATURE						
must eleas ccide a hos to de	23A. SIGNATURE B. Sol (Rela & M.D. AH)	rending Med. Stoff					
4 L H L >	23C. PHYSICIAN'S MICHEL D. CANCHET DALACLO	SD. ADDRESS THE LINION MEMORIAL HOSPITAL					
was was A. at prio	PALACIOS M.D. SANCHEZ-PALACIOS M.D.	SD. ADDRESS THE UNION MEMORIAL HOSPITAL					
certificat body was vs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or county) (State)					
cer your Ses ses ten	70 1 - 1 - 1 - 1 - 1	ed Evang. Baltimore, Maryland					
the body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	ed Evang Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS Tagnand I Puels Inc. (2007 Hanford Pd. #1)					
H = 10 3 T 3	VS 150-REV. 1/1/65	Leonard J. Ruck Inc. 5305 Harford Rd. #14					

EL E. SA C. E. - PALLO

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	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributin shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined c was D.O.A. at a hospital (except where the physician who pronounced death was in regular a deceased prior to death); and (6) No physician was in regular attendance on the deceased pritten approval must be obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT	al al sy (Sy (Sy (Sy (Sy (Sy (Sy (Sy (Sy (Sy (S	
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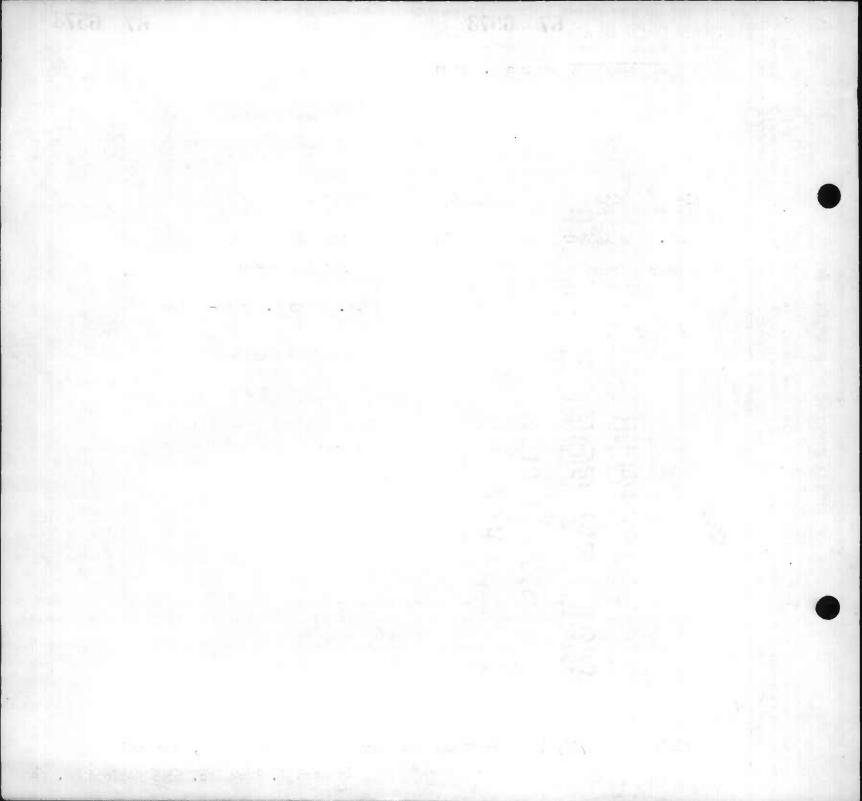
5-	-400	BIRTH NO. 67 6571 BALTIMORE CITY HEAL CERTIFICATE	CD CEDA				
	ng cause of death cause; (5) Deceased attendance on the rior to death. Such	M.E. CASE NO. 1. NAME OF DECEASED (Type or Pant) Slee, Mrs. Mary E.	July 7, 1967 2:35 P M.				
rred in a hospital	(5) Dec ance o death.	FULL NAME OF (If not in hospital at institution, give street	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY				
	ng cau cause; attend	INSTITUTION	Baltimore (If outside city limits, write RURAL and give to whip) Baltimore (If outside city limits, write RURAL and give to whip)				
			Keswick 2767 Tivoly Avenue TE OF BIRTH 9. AGE (In years M Under 1 Yr., If Under 24 Hrs.				
	ontribut erminec regular eased p is made	Female White WIDOWED DIVORCED (specify) Oct	RTHPLACE (Stote or foreign country) Months Doys Hours Min.				
	useum occurrent t or contribution as in regular e deceased pu	done during most of working life, even if refired) Housewife Bail	timore, Maryland USA				
	(4) th is po	Henry Mathiesen Matthiesen	Katherine Michel				
RTANT	the kind dea nce ((Yes, no or unknown) (If yes, give wor or dotes of service) No. 212-07-4156	Miss Helen Keler R.N.				
IMPORT	or his as Also, if re of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CROSS	al loscular Accident 5 hrs				
OR:		(This does not mean the made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES	schrotie Cordinacculor dis 3 us				
IRECT	exami exami (3) A fr n who in reg	DISEASES OR CONDITIONS, if any, giving	O				
AL D	medical burns; burns; physicia an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
UNER	Body the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
E .	No No	OR CONTRIBUTING CAUSE OF home, foctory, street, office blue of the contribution of the	dg., INJURY OCCUR?				
	osp osp osp osp osp osp osp osp osp osp	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?				
	an)	22. I certify that (I) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an	19 (a land that in (my) (aur) apinian death accurred an the date				
	deat must	and haur and fram the causes staged abave. (1) (We) (Hid) (drd nat) wiew the 23A/SIGNATURE M.D. Attending	Med. Stoff				
	was rele An acci Latah Prior to	23C. PHYSICIAN'S NAME (Type) Aubrey D. Richardson, M.D. 70	DDRESS O W. 40th Street Baltimore, Md.				
	≥ COBE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATO Burial 7/11/67. Druid Ridge Cemeter	ORY 24D. LOCATION (City, town, or county) (Stote)				
	the body shows: (I was D.O deceased	25A. DATE REC'D, BY HEALTH, DEPL. 25B, NAME OF REGISTRAR 25	c. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS				
		V\$ 150-REV, 1/1/65					

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	23C. PHYSICIA	\$ 0 - 12on	yuu	Ph	23D. ADDRESS	Phys.	10 July 1707
	BU LO	GLO O. BOI	JSUKA	N M.C	SINAL HOSP	BALTO M	D .
24/	BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY or C	REMATORY 24D. LC	OCATION (C	ity, town, or county) (State)
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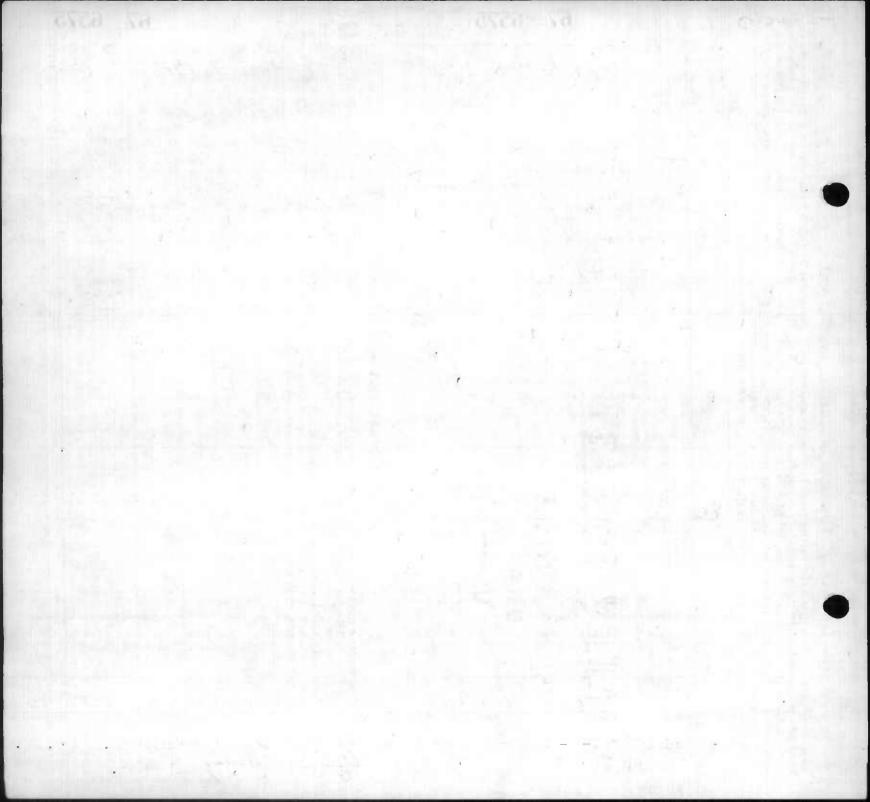


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	and	The body was released to the hospital by a medical examiner. Also, if the direct of confributing cause of death	pest	(except where the physician who pronounced death was in regular attendance on the	; and (6) No physician was in regular attendance on the deceased prior to death. Such	0
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	Is rel	220	was D.O.A. at a hospital	deceased prior to death)	Written approval must be obtained before the remains are embalmed or final disposition is made
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	is cel	9000	OWS:	ds D.	Ceds	ritton
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IRTH NO. ALE CASE NO. 67 6574 CERTIFICA	ATE OF DEATH Registered No.	67 6574			
WAME OF DECEASED Laver.	2. DATE AND HOUR OF DEATH				
Milliam S. Lauer.	July 8, 1967	10:25 PA			
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) A. STATE B. COUNTY				
		Baltimore.			
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)		Cn CITY OR TOWN, (If outside city limits, write RURAL and give Township)			
INSTITUTION Union Memorial Hosp.	Maryland.	TRAL directive mountains			
and the memorature margo	D. STREET ADDRESS (If rurol, give location)	01/0			
11,1	1 1 0 01	1			
Left left.	6101 Loch Raven Blv				
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B, DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.			
Male. White Widower.	1/17/1894 73				
ON OSUAL OCCUPATION (GIVE KING OF WORK TOB. KIND OF BUSINESS OK INDUSTR	Y 11. BIRTHPLACE (Stote or foreign Country)	12. CITIZEN OF			
one during most of working life, even if retired)	0 11.	WHAT COUNTRY?			
General Manager Fertilizer	Baltimore.	U.J.A.			
Steven Lauer.	Unknown.				
Frank Colo	Grationit.				
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS			
(es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1 111.11.	C 1 11			
No. 160-01-2975	H William C. Lauer. 3307	(rosslandive.			
18. 4 5 0 , O I	OF DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY		-			
LEADING TO DEATH	DISECTION VAICULA	2 YEARS.			
(This does not mean the mode of dying, e.g., DUE 10 heart failure, asthenia, etc. Il means the disease,	DIGGG				
injury or complication which caused death,)	G. Gemy				
ANTECEDENT CANEER					
ANTECEDENT CAUSES (B)	CIANNELL IF THE LIVER	- 1 YEAR -			
DISEASES OR CONDITIONS, if any, giving	CIANNELS OF THE LIVER	1 /602-			
nse to the obove couse (A) siding the (C)	CIANNELS IF THE LIVER	1 1/692-			
ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	CIANDELS OF THE LIVER	- 1 YEAR -			
UNDERLYING CONDITION lost.	CIANAKIS OF THE LIVER	- / YEno -			
UNDERLYING CONDITION lost.	CIANAKIS OF THE LIVER	- / YEAQ -			
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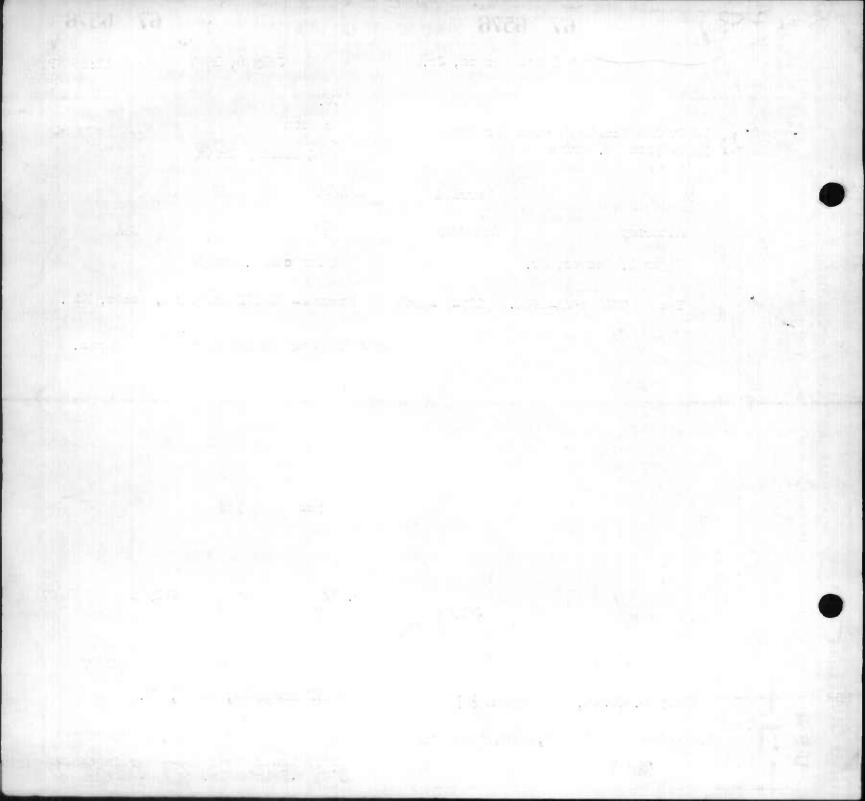
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	67 6575 BALTIMORE C	ITY HEALTH DEPARTMENT CO C575
	CERTIFIC	CATE OF DEATH Registered No. 67 6575
1. N	CASE NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH
	MARY L. FOX	JULY 9 1967 10 A. M. 14. USUAL RESIDENCE (Where decassed fived. If institution: residence before admission)
3. 1	ACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived. If institution; residence before admission) A. STATE B. COUNTY
	JLL NAME OF (If not in hospital or institution, giva streat	MARYLAND
	OSPITAL OR oddrass or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give lownship)
	LITTLE SISTERS OF THE POOR	D. STREET ADDRESS (If rurol, give lacotion)
1	1200 VALLEY STREET	
5. 5	BALTIMORE, MARYLAND 2/20 EX 6. RACE 7. MARRIED, GEVER MARRIED WIDOWED, DIVORCED (specify)	
	t W	HUG. 17. 1888 7X
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stota or foreign country) 12. CITIZEN OF WHAT COUNTRY?
don	during mast at warking lite, even if retired) NURSEMAID	
13.	ATHER'S NAME	BALTIMORE MD, U.S.A.
	TIMOTHY FOX	MARGARET MC NULTY
15.	Vos Deceesed Ever in U. S. Armed Farces? na ar unknawn)(III yes, giva war ar datas af sarvice) 16. SOCIAL SECURITY NO.	
10	NO 215-42-14	17. INFORMANT 120 VALLEY ST 289 LITTLE SISTERS OF THE POOR BALT, MO, 212 OF DEATH OF DEATH
-	18. / CAUSI	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	Reute coronary Thronkoris Q.S.C.U.D.
	(This does not mean the made of dying, e.g., DUE TO heart failure, astheria, etc. It means the disease,	
	injury or complication which coused death.) ANTECEDENT CAUSES (B)	Q.S.E.O.D.
	DISEASES OR CONDITIONS, if any, giving	
	rise to the obove couse (A) stoling the (C)	
	UNDERLYING CONDITION Iosi.	
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERT	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.	g., in or about 21 C. WHERE DID (If in Baltimare City, give exect locotion)
AL (OR CONTRIBUTING CAUSE OF home, form, foctory, street etc.)	office bldg., INJURY OCCUR?
DIC	21D. TIME (Month) (Day) (Yaar) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
MEDIC	OF INJURY While At Not N	While
	Work L AT W	ork —
	22, I certify that (1) (this hospital) attended the deceased from	1966 to 2, 7, 1967, 1967, ond that in (my) (our) opinion death occurred an the date
	ond hour and from the couses stated above. (1) (We) (did) (Aid no	
	23A. SIGNATURE	23B, DATE SIGNED
	Lowley America.	Attending D Med. Stoff Phys. Director Phys. D. 10.67
	23C. PHYSICIAN'S	23D. ADDRESS
		1101 MAIDEN CHOICE LANE BALT, MD.
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	
	REMOVAL (Spacify)	4220-071 - 1 1 2 2 2 2
25/	Burial 7-11-67 New Cathedral C	emetery 430020ld Frederick Rd. Balto. Md.
	JUL 10 1967 Robert E. Farbert	
VS	50-REV. 1/1/65	



RGB

VS 150-REV. 1/1/65



The sales of the s

Registered No. BIRTH NO. RTIFICATE OF DEATH Such death Deceased M.E CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ceased lived. Il institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that in (my) (oper opinion death occurred an the date 238. DATE SIGNE deceased parities ap shows: Mas 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

112 12 14

		FUNERAL DIRECTOR: IMPORTANT	DIRE	CTOR:	IMP	ORTAN	=			
This certificate must be approved by the chief medical examiner or his assistant if death occurred in the body was released to the hospital by a medical examiner. Also, if the direct or contributing	pproved by	the chief med	ical ex	amine	Also.	assistar	ir if dec	ath o	ccurre	P
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined ca	any nature;	(2) Body burn	15; (3)	A fract	re of a	ny kind,	(4) Unc	deter	mined	00
was D.O.A. at a hospital (except where the physician who pronounced death was in regular at	(except wh	ere the physi	ician w	tho pr	Snounce	d deat	h was	in re	gular	9
deceased prior to death); and (6) No physician was in regular attendance on the deceased prio	3 and (6) N	o physician w	as in	regular	attend	lance o	n the d	leced	sed p	rio
Written approval must be obtained before the remains are embalmed or final disnosition is made	ohterinad b	afore the rem	aine ar	o ombo	powl	rfinal	lienociti	on ac	mada	

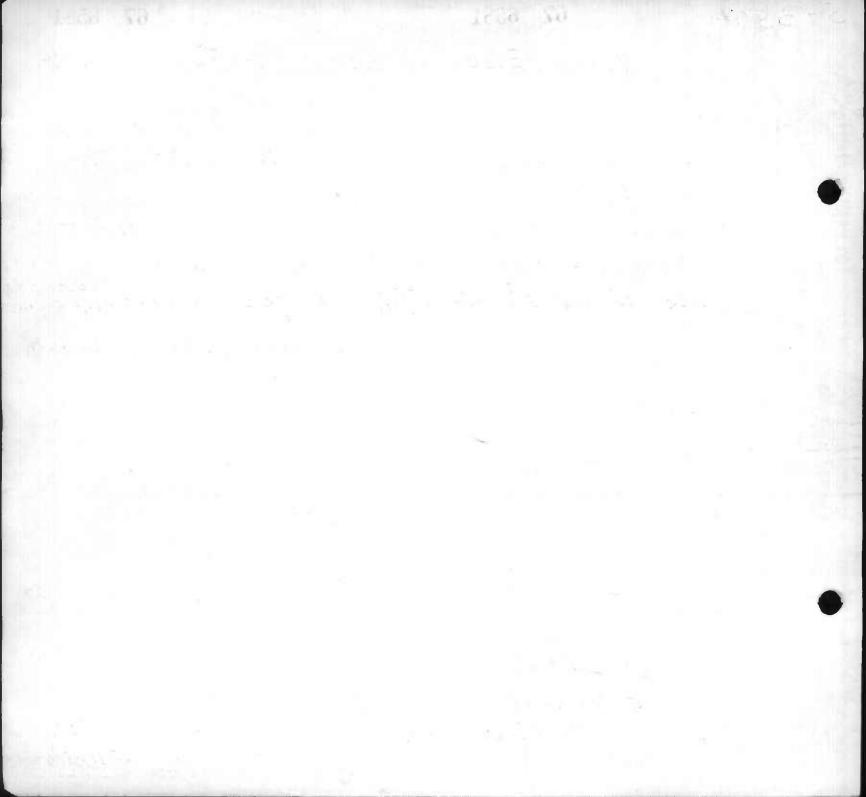
d' pan		CATE OF DEATH Registered No. 67 657
M.	E CASE NO.	CATE OF DEATH
1.1	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before
		A. STATE B. COUNTY
H	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location) 4STITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	90 Hillcrest Nursing Home	Baltimore 13
	90 milest raising nome	D. STREET ADDRESS (If rurol, give location) 3522 Elm Ave.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Und
	emale White WIDOWED, DIVORCED (speci	Nov. 10 1873 93
	N. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND to during most of working tife, even if retired)	WHAT COUNTRY?
	At home	Maryland U.S.1
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Isabell Alban 17. INFORMANT ADDRESS
(Ye	s, no or unknown) (If yes, give wor or dries of service) SECURITY NO.	4
_	IB. CAU	Jane Lillich 3522 Elm Ave
	DISEASE OF CONDITION DIRECTLY	ONSET AND D
	LEADING TO DEATH	Cancer of the breat 4 YEA
	(This does not meon the mode of dying, e.g., DUET heart failure, asthenia, etc. 11 means the disease,	
	injury or complication which caused death.) ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	0
	I to the state of	
	II	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
ICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
-	OR CONTRIBUTING CAUSE OF hame, form, foctory, str	(e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) eet, office bldg., INJURY OCCUR?
	DEATH (notify medical examiner) etc.)	
CAL	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURREN	D 21F. HOW DID INJURY OCCUR?
CAL	M/L!I - At man NI -	While
AL	(APPROX.) While At No	Work U
CAL	(APPROX.) While At No Work 1 No At 22. I certify that (I) (this hospital) attended the decreased from	Work JULY 15+ 1965 to JULY] 19
CAL	(APPROX.) While At No Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) lost saw the deceased alive an Work While At No No Work At	Vork 1965 to VLY 1965 to VLY 1965 to VLY 1966 Z and that in(my) (our) opinion death occurred on
CAL	(APPROX.) While At No Work 1 No At 22. I certify that (I) (this hospital) attended the decreased from	Vork 1965 to VLY 1965 to VLY 1965 to VLY 1966 Z and that in(my) (our) opinion death occurred on
CAL	(APPROX.) While At No Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an	Work JULY 15T 1965 to JULY 15 3 1967 and that in(my) (our) opinion death occurred on not) view the body ofter deoth. 238. DATE SIGNED
CAL	(APPROX.) While At No Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an No	Work JULY 15T 1965 to JULY 15 3 1967 and that in(my) (our) opinion death occurred or not) view the body ofter deoth. 238. DATE SIGNED
CAL	(APPROX.) While At No Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an ond hour analytic the couses stated above. (I) (We) (did) (did in 23A. SIGNATURE	Nork 19 65 to VLY 23 8 DITE SIGNED 19 65 to VLY 19 65 to VLY 19 65 to VLY 20 75
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MEDICAL	(APPROX.) While At No Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an OND E AND	Attending Med. Director Phys. Mod. Northern Pkwy - Loch Rawn Bior CREMATORY Ridge Pikesville Maryland
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		HEALTH DEPARTMENT	COPP	0500					
	580 CERTIFICA	TE OF DEATH	Registered No.67	6580					
M.E. CASE NO.	m m	2. DATE AN	D HOUR OF DEATH	0 - =					
(Type or Print) JORDAN	AMUEL		7.67	3.53 p.m.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceosed lived. If institution	n: residence belare dimission)					
FULL NAME OF (If not in hospitol or insti HOSPITAL OR address or location) INSTITUTION	tution, give street	C. CITY OR TOWN (If out	side city limits, write RURAL	and give township)					
11 hullenny	Hospital	BALTO		15-02					
46	, ,	2019 W.	rurol, give location) NORTH AVE	3					
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) MARRIER	5.23.93	9. AGE (In years 7 4 If U Man	Inder 1 Yr. If Under 24 Hrs. Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME F						
Lamuel fore	lon	Corado	aheny						
(Yes, no or unknown) (If yes, give war ar dotes of se	16. SOCIAL SECURITY NO.	A LONDA Le	20/20/1	G ADDRESS					
18. // > //	CAUSE O	F DEATH	ungro y	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	Pan	26220 7620	. lacis	ONSET AND DEATH					
LEADING TO DEATH (This does not mean the made of dying	(A) DUE TO	RECOR INCOM	ween						
heart failure, asthenia, etc. It means the di	sease.	2 C C M D							
ANTECEDENT CAUSES	(B)	9. S. C. V.D.							
DISEASES OR CONDITIONS, if ony,	DUE TO								
rise to the above cause (A) statin		00H UANH H 000 00 00 00 H 0 00 0 00 00 00 00 00) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·					
GROEKEING CORDITION IBSI.				10000					
OTHER SIGNIFICANT CONDITIONS CONTRIDED TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.									
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes) or No	208. IF YES, WERE FINDIN	NGS CONSIDERED					
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Bollimore City,	give exact location)					
Q 21 D. TIME (Month) (Dov) (Year) (Hou	1) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?						
OF INJURY (APPROX.)	While At Work Not While At Work	le							
22. I certify that (1) (this hospital) atte	nded the deceased fram	7.4.	196710 1-1	19 67					
that (1) (we) lost sow the deceased aliv	re on 7.7.	19 67 and the	at in(my) (our) oplnian o	death accurred an the date					
and hour and from the causes stated ob	that (1) (we) lost sow the deceased alive on								
23A. SIGNATURE				DATE SIGNED					
Miras Lodeyn	ONC M.D. All Phy	ending Med. Director	Staff Phys.	7.7.67					
PAME (Type) MILOS RAT	OJKOVIC M.D.	23D. ADDRESS Sulfber	au Kagnit	ful					
24A, BURIAL CREMATION, 248. DATE	24C. NAME of COMETERY OF CR	EMAJORY 24D. LO	OCATION (City, tow	vn, or county) (Stote)					
REMOVAL (Specify) 7-11-67	What Auch	la un 1	20/19/2-	mol					
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IANE OF REGISTINAR	25C FUNERAL DIRECTOR	1000	ADDRESS					
JUL 11 1967 R.C	Sob E. Farbuna	Charan A	Johnson 1	MC ullota					
V\$ 150-REV. 1/1/65		0000	1	141					

0860 70 Fill of State State -BECKE

200		67. 6581 SEPTIFICATE OF DEATH Registed No. 67 6581
2005		CERTIFICATE OF DEATH REGISTRED NO.
at at the the	1. N	E. CASE NO. AME OF DECEASED 2. DATE AND HOUR OF DEATH
de de coa	(1)	Thomas E. StEINhice. 7-8-67. 9:15A. M.
the De	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
hospir se of (5) De ance deatl		FULL NAME OF (If not in hospital or institution, give street)
		HOSPITAL OR oddress or location C. CITY OR TOWN (If gutside city limits, write RURAL and give township)
	1	+3 AVGIENBURNIE. 52-00
TO	0	D. STREET ADDRESS (If rural, give location)
F 2 8 8	5. 5	OUCH DAIT MOLE GENERAL TO SPICE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
th occurre contribut letermined in regular eceased p		Markied, Never Markied B. Date Of Birth 1
	10À	USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPEACE (Stote or foreign country) 112, CITIZEN OF
r c det in iec	don	e during most of working life, even if retired) WHAT COUNTRY?
de d	13.	GS. Postoffie Mail Carrier. Md. U.S. H.
direct or collines. (c) (d) Undet the was in the decolumn the decolumn the disposition		Thing 1 02 = 10/1 = 11/2/1=
d; (di	15.	Was Deceased Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT ADDRESS A LA
the d kind; kind; deat ince o	(Ye	ing or unknown) (If yes, give wor or dotes of service) SECURITY NO.
f t t t y d d		18. CAUSE OF DEATH INTERVAL BETWEEN
s dan an dan dan dan dan dan dan dan dan		DISEASE OF CONDITION DIRECTLY
Also e of noun atte		LEADING TO DEATH (A) Fence chalogy undetermine 1 month
		LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (A) fever chology undetermine 1 months DUE TO (B) Probable Leukemin
iner actu pro ular mba		injury ar camplication which caused death.)
E.5 + 0 00 0		000.10 /
exan (3) A n wh in re		DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stating the (C)
an sin		UNDERLYING CONDITION last.
edical dical diras; (3 vsician was in	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
re de re	TION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
a medody bu	RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ウスキスの	ERTI	YES
tal by; (2) b; (2) here to ph	AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
~ ·	DICA	
hosp natur ept w d (6)	MEC	21D. TIME (Manth) (Dayl (Yearl (Hourl 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
0 . 0 = -		Work At Work
2 + 2 0		22. I certify that (this haspital) attended the deceased from 6-14 19 67 to 7-8 19 67,
of a of a l		that ## (we) last sow the deceased alive on 7-8 1967, and that in (our) apinion death occurred on the date
ased to dent of ospital death) must be		ond hour ond from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 23A. SIGNATURE
S D O C D E		M.D. Attending Med. Sloff D
a harred		
was r An a L. at o prior		23C. PHYSICIAN'S NAME (Type) Command M.D. / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /
W W	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certil the body shows: (1) was D.O., weitten a		REMOVAL (Specify) 7/12/67 Bolt Bolt Bolt
This ce the bo shows: was D. deceas	25A	DATE REC'D BY HEALTH DEPT. 258! NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 237 Fot apsce
This the back was dece		BUL 11 1967 Relieb & Farhuna McCalles Furneral Home 137 Farapsco
	VS	150-REV. 1/1/65



VS 150-REV. 1/1/65

Such

	n les	0-00	BALTIMORE CITY	HEALTH	DEPARTMENT		COPS	0500
BIRTH NO.	67	6582	CERTIFICA	TE OF	DEATH	Registere	d No. 67	6582
1. NAME OF DE	CEASED				2. DATE	AND HOUR OF	DEATH	
(Type or Print)	ROSAMAE	FOWLER			Ju	ly 9, 19	67	3:30 PN
3. PLACE OF DE	EATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (Where deceased fived. If institution; residence before admission) A. STATE B. COUNTY				
FULL NAME HOSPITAL OR		or institution, give	street	c. city o		outside city limits,	, write RURAL and	give township)
	215 E. Cro	ss St.		Bal	Ltimore	21230		24-03
00					ADDRESS E. Cr	oss St.	tion)	
5. SEX	6. RACE	7. MARRIED, NEV	ER MARRIED	B. DATE O		9. AGE (In yea	rs If Under	1 Yr. , If Under 24 Hrs.
F	भ	Widowed		Jan.	-	3 lost bighdoy	Months	Doys Hours Min.
	CUPATION (Give kind of work f working life, even if retired)	108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHP	LACE (State or fo	oreign country)	12. CITIZ WHA	EN OF
Housev					lvert C		τ	JSA
	s F. Fowler				ERS MAIDEN N		1=7 ax	
		2	COOLAL			ence Buc		1000555
	d Ever in U.S. Armed Ford			17. INFORMANT ADDRESS				
No				Mr.	Albert	Fowler	1727 Jac	kson St.
(This does hearf loilure injury or co	ASE OR CONDITION DIR LEADING TO DEATH not meen the mode of , asthenio, etc. II meens mplicofion which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) IG CONDITION lost. II WIFFICANT CONDITIONS C DEATH BUT NOT RELA RE CONDITION CAUSING I' OF OPERATION 1198. CON.	dying, e.g., the disease, deoth.) ony, giving stoling the ONTRIBUTING	(C)			el infl olic h	india de la	ONSET AND DEATH
19A. DATE O	WAS PERF	LH OFERATION	100.0	J10131: 11es 01	IN CERTIFYIN	WERE FINDINGS NG CAUSES OF D	EATH?	
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF fy medicof exominer	21 B. PLA home, fe etc.)	CE OF INJURY (e.g., in foctory, street, of	fice bfdg., I	1C. WHERE DID NJURY OCCUR?	(If in (Baltimore City, give	exact location)
OF INJURY	(Month) (Doy) (Year)	While A	URY OCCURRED	e 🗀	IF. HOW DID I	NJURY OCCUR?		- 1,5
		Work	Al Work		3-1-		1	17
22. I certify that (I) (this haspital) attended the deceased from 19 to 19 that (I) (we) last sow the deceased alive on 19 and that in (my) (our) extinion death occurred on the do and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.								/
23A. SIGNAT	URE	2					23 B. DAY	SIGNED
16	ica & fo	yo la	M.D. After	ending Z	Med. Director	Stoff Phy s.	7/1	0/67
23C. PHYSICI NAME (UZAVA	M.D.	127		chales	87-03	(hU/217
24A. BURIAL CR REMOVAL	EMATION, 24B. DATE	24C. NAME	of CEMETERY or CRE	MATORY	24D.	LOCATION	(City, town, o	county) (Stote)
Buri		0-3	ar Hill Ce				e, Md.	

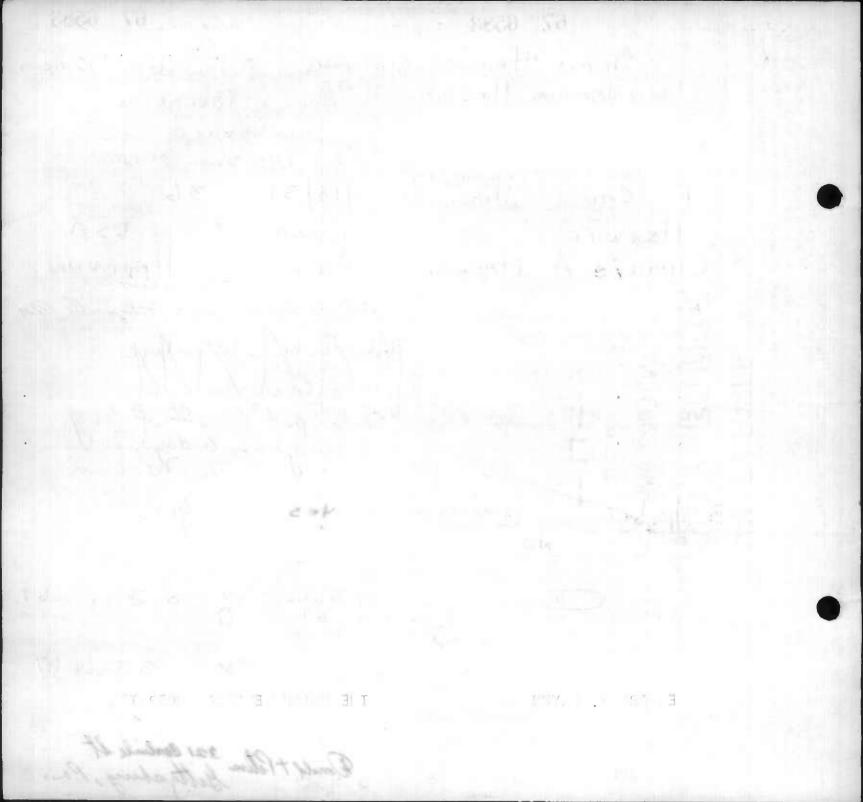
JOHN F. DENNY,

INC.

715 Light St.

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		BALTIMORE CITY	Y HEALTH DEPARTMENT	67 6583		
	BIRT	H NO. 67. 6583 CERTIFICA	TE OF DEATH Regist red No.	07. 0000		
		CASE NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH			
		e or Print) JEAN HARNER CO		671 12 noon		
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If in	stitution: residence before admission)		
	F	ULL NAME OF Ilf not in hospital or institution, give street	MD BOODMORE			
		IOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)		
		. / .]	D. STREET ADDRESS (If rurol, give location)	53-00		
	1	++	227 DAWSON L	DRIVE		
2	5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED	D DATE OF BIOTH	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min,		
		F CON WIDOWED, DIVORCED (specify)	2 13 31 lost birthday 36			
2		USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY	Y 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	gone	TOUSEW FE	PENNA.	USA		
20	13. [FATHER'S NAME A 1	14. MOTHER'S MAIDEN NAME	1		
2	(Horico A. Harver	HANA LOUISE	HAMMON		
3	15. \	Was Deceased Ever in U. S. Armed Forces? ,no arunknown](III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT 227 Dowsen			
3	1163	SECURIT NO.	Arthur B. ClAPSAddle	Continuelle ma		
			DF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
3		DISEASE OR CONDITION DIRECTLY	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		
		LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	projectie oral temory	10-ye		
3		heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	1/./2///			
		ANTECEDENT CAUSES (B)	typed Derry Medry	Sm		
1s are en		DISEASES OR CONDITIONS, if ony, giving	chtic ant fie all	- P Berry		
		rise to the obove couse (A) stoling the (C) (C)	Status post Tie-ott	0 8009		
		ll .	Anenyou 6 au	ys.		
E	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1 m.	howman		
0	CAT	DISEASE OR CONDITION CAUSING IT.	[20A. AUTOPSY? [Yes or No]] 20B. IF YES, WERE	SINDINGS CONSIDERED		
1	CERTIFIC	7 3 1.7 WAS PERFORMED BORRY ANEUR	EXCAN LES IN CERTIFYING	FINDINGS CONSIDERED USES OF DEATH?		
0			in or about 21C. WHERE DID (If in Ball more	e City, give exact location)		
Der	CAL	DEATH (notify medical examiner)	omee sidg., INJOKI OCCOK:			
0	MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?			
	\$	(APPROX.) While At Work At Work				
001		22. I certify that (1) (this hospital) attended the deceased from	19 JUNE 1967 10 8	Jucy 1967.		
90		that ((we) last sow the deceased alive on Sout	ond that in (my) (our) opi	inion death occurred on the dote		
STO		and hour and from the couses stated above. (1) (We) (did) (did not)				
SOE		23A. SIGNATURE	Sault - Sault -	23B. DATE SIGNED		
		Ph Ph	ys. Med. Stoff Phys.	8 JULY 6/		
0		PAGE (TAPS) EDWARD J. FLYNN M.D.	Z3D. ADDRESS	CDITAL		
9	244		THE SHITCH HEMORITHE HO			
n approval	24.P	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CF	REMATORY 24D. LOCATION (S	ity, toyfraposcounty) (Stary		
TTE	254	DULLY 1-11-196 ACCOUNT INUM	25C PONERAL DIRECTOR 321 Co	paliale Aforess		
2	25A		Gloneld T sters 1. 11	1 D		
	VS	JUL 11 1967 R. C. S. F. E. Habeuma	15 Butty	soung, I'm.		
				V		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67. 6584

	CLKIII CATE OF DEATH ASSOCIATION								
N.E. CASE NO.	2, DATE AND HOUR PRONOUNCED DEAD								
NAME OF DECEASED ype or Print)									
PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD FROM THE NOT IN HOSTILL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	July 8, 1967 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
7-31-67	Politimore / 2 2 2								
50	D. STREET ADDRESS (If rurol, give locosion)								
UNIVERSITY HOSPITAL	452 Bourbon St. Harvegrace Md.								
SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 1925 9. AGE (In yeo'rs lif Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.								
Male White DA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUST One dying most of working life, even if refired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF								
one dupp most of working life even if relired Butta Chie Go	Agas True Best WHAT COUNTRY?								
B. FATHER NAME	14. MOTHER'S MAIDEN NAME								
Wm. n. Truskes	neva Blair								
5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT								
es, no of unknown, ut yes, give wor of dotes of services unknown, ut yes, give wor of dotes of services unknown, ut yes, give wor of dotes of services	Patricia D. Huckes LT. A. the Min								
18. -	SE OF DEATH INTERVAL BETWEEN								
68127	ONSET AND DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., DUE TO (This does not meon the mode of dying, e.g., DUE TO									
(This does not meon the mode of dying, e.g., head failure, asthenia, etc. It means the disease.	autocerentar infuries								
injury or complication which coused death.)									
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO									
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.									
Z (C)									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE									
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED								
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?								
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	Yes Yes y, in or obout 21C. WHERE DID (If in Baltimore City, give exact lacation)								
UNDERLYING XOR CONTRIB- home, form, foctory, street,	, office bldg., INJURY OCCUR?								
Road	U.S. Route #40 intersection of st. rt								
2 21D TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	24								
7 8 67 1:00 m. WORK AT	Pulled into path of another car								
22. I certify that I held on Inquiry Inspection A	Autopsy X and that on this basis, death In my opinion								
resulted from: Notural couses Accident X Suic									
0.11	CHIEF MEDICAL EXAMINER X								
ACTUAL (SMEMAN)	DATE SIGNED								
SIGNATURE M. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER								
NAME (Type) Russell S. Fisher, M.D.	July 8, 1967								
3A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	Y or CREM AJORY 23D. LOCATION (City, town, or county) (Stote)								
Business 4/11/17 Garelle	Illem Handellen Mel								
4A. DATE REC'D BY HEALTH DEPT. 248, NAME OF RECOTRAR	249. FUNERAL DIRECTOR ADDRESS								
	1 / / // // M								
11 1967 Propo E, tarbert	January 7 (In Haved her 1)								

Letter

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	67. 65	DE BALTIMORE CITY	HEALTH DEPARTMENT		CH CÉOE		
BIRTH NO.	67, 65	CERTIFICA	TE OF DEATH	Registered Na	67 6585		
M.E. CASE NO.			2. DATE AND	HOUR OF DEATH			
(Type or Print) ANN.	E KATHER	RINE BER		9-107	3:15 P.		
B. PLACE OF DEATH IN E		1110	4. USUAL RESIDENCE (Where	deceased lived. If in	stitution: residence before admission		
			A. STATE B. COUNT	- 4	MARE 5		
FULL NAME OF (III	not in hospital or institution Idress or location)	, give street	MARYLAND BALTIMORE C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
INSTITUTION							
RILLINERS	ITY OF	MARY! AND	BALTIMO	rol, give location)	21213		
Chinishs	111	ania kilin		LHAM	AVE		
5. SEX 6. RACE	To account	D. MEWER ALL BRIED			TVE.		
. SEX		D, NEVER MARRIED ED, DIVORCED (specify)	l.	AGE (In years ost birthdoy)	Months Doys Hours Min.		
1-		MARRIED	11-8-08	58			
OA, USUAL OCCUPATION lone during most of working life	(Give kind of work 108, KIND o	asualty Co.	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?		
CLERK TYP	OCC I		MARYLAN		U.S.A.		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	I E			
(4111 1 14	M BERL		CAROLIN	E HOLL	AND		
5, Wos Deceased Ever in		1 6. SOCIAL					
fes, no or unknown) (If yes,	give wor or dates of service	SECURITY NO.	Miss Marion B	erl, sist	er, above		
No			PATIENT				
18.17 a V	1	CAUSE O	·		INTERVAL BETWEEN		
DISEASE OR C	ONDITION DIRECTLY				ONSET AND DEATH		
LEADIN	G TO DEATH	ADE	NOCARCINOMI	A OF LE	FT 3 YEAR		
	the mode of dying, e.g	DUE TO					
heart foilure, ostherio, etc. Il means the disease, injury or complication which coused death.) BREAST & EXTENSIVE METASTASIS							
ANTECE	DENT CAUSES	(B)					
DISEASES OR CON	IDITIONS, if any, givin	DUE TO					
rise to the above	couse (A) stating th						
UNDERLYING CONDITION losi.							
	CONDITIONS CONTRIBUTI						
A DISEASE OF COMPLIE	ON CAUSING IT.						
19A. DATE OF OPERAT	WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?		
			No				
OR CONTRIBUTING	UNDERLYING 2 CAUSE OF	18. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
DEATH (notily medical	examiner) e	ic.)					
21D. TIME (Month)	(Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?			
OF INJURY		Vhile At Not Whi	le —				
		Vork At Wark		1 = 0	0 0 1		
22. I certify that (I)	this hospital attended	the deceased fram	June 8 , 19	967 10	uly 7 1 1967		
that (1) we last sa	w the deceased alive an	July 9	19 6 7 and the	t in (my) (our opla	nian death accurred an the do		
and hour and from t	ne causes stated above.	(I)(We) (and) Glid Both	view the bady after death.				
23A. SIGNATURE					238. DATE SIGNED		
00 0	2 11	M.D. Att	ending Med.	Stoff	7-9-67		
maries	s. Harrie	Phy	s. Director L	Phys.	1-1-61		
PHYSICIAN'S NAME (Type)			23D. ADDRESS	11			
		M.D.	u. of MD.	HOSPITA	has		
AA. BURIAL CREMATION	24B. DATE 24C.	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote)		
REMOVAL (Specily) Burial	7/12/67 F	ork M. E. Ce	meterv	rk, Md.			
SA. DATE REC'D RY HEA	TH DEPT 258 MARAS	OF REGISTRAN		, 11tt.	ADDRESS		
25A. DATE REC'D BY HEA	11 1967 62 0.	of E. Farberty	Schimunek Fu 3331 Breh	neral Hom	e, Inc.		
	100			ims Lane			
VS 150-REV. 1/1/65			0 0 0				

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258. NAME OF REGISTRAR 25 FUNERAL DIRECTOR Funeral Home, Inc. 3331 Btehms Lane VS 150-REV. 1/1/65

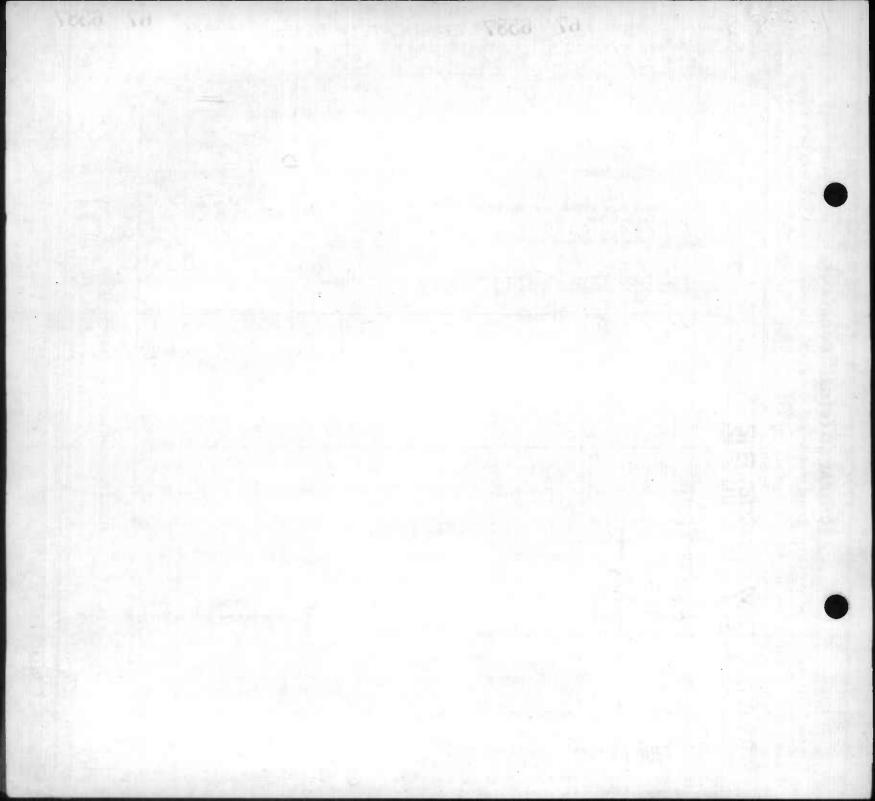
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occurred = ō Mas direct IMPORTANT assistant death kind; any pronounced Also, o fracture DIRECTOR: aminer. who 3 the chief medical medical burns; FUNERAL (2) Body O hospital nature; approved

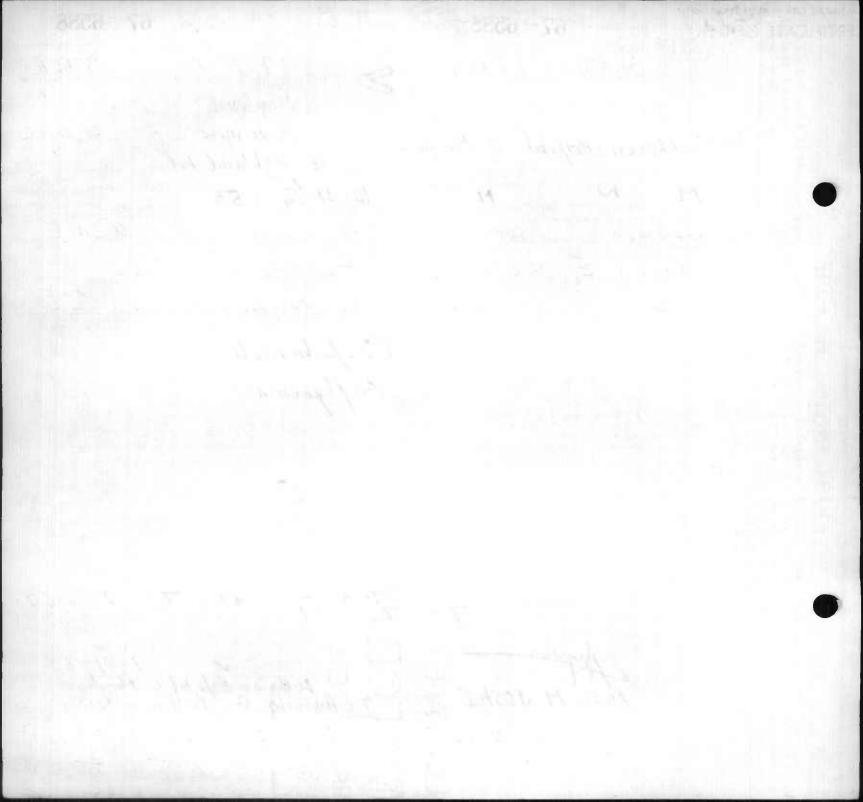
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CERTIFICATE OF DEATH BIRTH NO. Such death the Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 0 hospital death. of 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. It institution; residence A. STATE B. COUNTY ance (2) FULL NAME OF HOSPITAL OR INSTITUTION cause (If not in hospital or institution, give street oddress or location) OR TOWN (Hautside city limits, write RURAL and canse; attend 0 prior (If rural, give location) D. STREET_ADDRESS contributing (4) Undetermined is made. regular 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. PACE If Under 1 Yr. Months: Doys II Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours lost birthdoy IDA USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF or final disposition WHAT COUNTRY? done during most of working life, even if retired) the 13. FATHER'S NAME 14. MOTHERS uo 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates of service) 17. INFORMAN ADDRESS 6. SOCIAL SECURITY NO. attendance 20-42-845 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med DIAL INAJACT LEADING TO DEATH (This does not mean the made of dying, e.g., emba heart foilure, asthenia, etc. It means the disease, regular injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving la the abave cause (A) stating the physician remains UNDERLYING CONDITION last. Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 20 A. AUTOPSY? (Yes of No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where °Z DEATH (notify medical examiner) etc.) MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR 9 OF INJURY (except Not While While At (APPROX.) Work At Work ; and to the any 22, I certify that (1) (this hospital) attended the deceased from 99 that (1) (we) lost saw the deceased alive on... and that intray) (our) apinion death occurred an the date of death) hospital and hour and from the couses stated above. (#) (We) (did) (did not) view the body ofter death. was released must accident 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending [Med. Director Stoff 0 Phys. Phy s. written approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate ā NAME (Type) An M.D was D.O.A. deceased 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (Stote) (City, town, or county) the body REMOVAL (Specify) shows: ADDRESS 25C. FUNERAL DIRECTOR V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



		BALTIMORE CITY	HEALTH DEPARTMENT	10	OH	0500	
	1 NO. 67. 6588	CERTIFICA	TE OF DEATH	Registered No.	b/_	6588	
	CASE NO. AME OF DECEASED		2. DATE AND	HOUR OF DEATH			
	OI Print BRADIEW / FOI	11/	7 -	7 - 17		3-501	
3. P	ACE OF DEATH IN BALTIMORE, MARYLAND	7	4. USUAL RESIDENCE (Where	deceased lived. Il ins	titution: resid	ence before admission)	
			A. STATE B. COUNT		1	N	
	JLL NAME OF (If not in hospital or institution, give	street	Mon	and	H.1	4.	
1	OSPITAL OR oddress or location)		C. CITY OR TOWN (If Jutsi	de city limits, write RI	JRAL, ond gi	ve township)	
	1 11 11 11 1	11/2	Balt	imore (rlen	BURNIE	
2/	eitheran Hospital of	Marylan	D. STREET ADDRESS (If ru	ral, give location)		14	
	0	/	16 Hich	land Rol		52-00	
S. S	X 6. RACE 7. MARRIED, NE	VER MARRIED IVORCED (specify)		AGE (In years	If Under 1	Yr. If Under 24 Hrs.	
	M N WIDOWED,	IVORCED (specify)	10-31-40	st birthdoy)	Monnis; De	ays Hoors with.	
tőA	USUAL OCCUPATION (Give kind of work 108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN		
done	during most of working life, even if retired)	0			WHAT	COUNTRY?	
	LABORER. STEEL	Co.	tennsylva	Mia	u.	14,	
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	E			
	HARPY E BRADE	FU	FIORA	11157	1100		
15.	os Deceased Ever in U. S. Armed Faices? 116.	SOCIAL	17. INFORMANT	000	A	DDRESS	
(Yes	no or unknown (11) ves, give wor or dates of service)	SECURITY NO.	As M	1/.		SAME AS	
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	18.5 2 7.11	CAUSE O	F DEATH			TERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY		3 / /	/		The second	
	LEADING TO DEATH	(A)	arpulmone	Le			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO					
	injury or complication which caused death.)		Barellus and				
	ANTECEDENT CAUSES	(B) C	- my nysemia	\$ n n n n n n n n n n n n n n n n n n n		• • • • • • • • • • • • • • • • • • • •	
	DISEASES OR CONDITIONS, if any, giving						
	rise Ia The obave cause (A) stoling the (C)						
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
CA	DISEASE OR CONDITION CAUSING IT.	CH OPERATION	20A. AUTOPSYT (Yes or No)	208 IE VEC WEDE EI	NDINGS CO	ONSIDERED	
ERTIFIC,	WAS PERFORMED	CH OFEKATION	2011 40 10131 (113) 61 1101	208. IF YES, WERE FI	SES OF DE	ATH?	
E	21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INITION	an abandal C Willege DID	(16 :- P-16:	C'1 .	1- 2 1	
1	OR CONTRIBUTING CAUSE OF home, f	orm, loctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give e	xoct loconon)	
CAL	DEATH (notify medical examiner) etc.)						
144	21D. TIME (Month) (Day) (Year) (Hour) 21E. IN.	JURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?			
Z	(APPROX.) While Work	Not While At Work	е				
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	22. I certify that (I) (this hospital) ottended the c	leceased from	1-	67 to Z		196.7.	
	that (1) (we) lost saw the deceased alive on	-6	19 <u>6</u> ond that	in (my) (our) apin	ion deoth	occurred an the dote	
	ond haur and fram the couses stated above. (1) (V	(did) (did not) v	iew the body ofter death.				
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	NAME (Type) ANTI M-TOCH!	M.D.	- Lukera	n Hosputal	1 10	Justel .	
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1	11RIAL 7-10-67 BIK	PCH H	11 130	RNHAM	Mi	Ffling to	
25A	DATE REC'D BY HEALTH DEPT. 258, NAME OF R	EGISTRAR	2SC. FUNERAL DIRECTOR		/ - /	ADDRESS	
	JUL 11 1967 R. D. B. R.	Fa Burna	o Warraka	Beack. To	1/10-	Tourson- Ma	
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BIRTH NO. 67-14250 67 6589 Registered No. CERTIFICATE OF DEATH on the kaminer or his assistant if death occurred in a hospital and aminer. Also, if the direct or contributing cause of death A fracture of any kind; (4) Undetermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital 3. PLACE OF DEATH IN BALTIMORE, MARYLAND death. 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before B. COUNTY attendance A. STATE E. BALTIMORE. ST N (If outside city limits, write RURAL and 2128 FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location C. CITY OR TOWN 10 BAITEMORE Md prior occurred in regular made 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys 5. SEX 6. RACE deceased WIDOWED, DIVORCED (specify) 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11148 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of working life, even if retired) LINITED LNITED STATES Was the 13. FATHER'S NAME assistant if THURSTO death HO 15. Was Deceosed Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give wor or doles of service) 6. SOCIAL or final SECURITY NO. attendance pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner examiner. injury or camplication which caused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving = rise to the obove cause (A) stating the physician the remains UNDERLYING CONDITION lost. certificate must be approved by the chief medical Mas a medical any nature; (2) Body burns; П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION (except where the WAS PERFORMED before the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) °Z MEDICAL DEATH (notify medical examiner) etc.) 21D. TIME OF INJURY obtained (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 9 While At F Not While [(APPROX.) At Work pup 22. I certify that (1) (this haspital) attended the deceased from JULY death); that (I) (we) lost saw the deceased alive on 1444 pe 19 6 / ...and that in (my) (aur) apinion death accurred an the date hospital An accident of and hour and fram the causes stated obave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. 0 written approval Phys. 0 prior 23 D. ADDRESS 23C. PHYSICIAN'S a NAME (Type) was D.O.A. shows: (1) 24A. BURIAL CREMATION, REMOVAL (Specily) DUTIAL 24C. NAME of CEMETERY OF CREMATORY deceased july 11,1967 Glen Haven A.A. county JUL 11 1967 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Cook - Brooks Inc. 1217 Wm. VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Il Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

Maryland

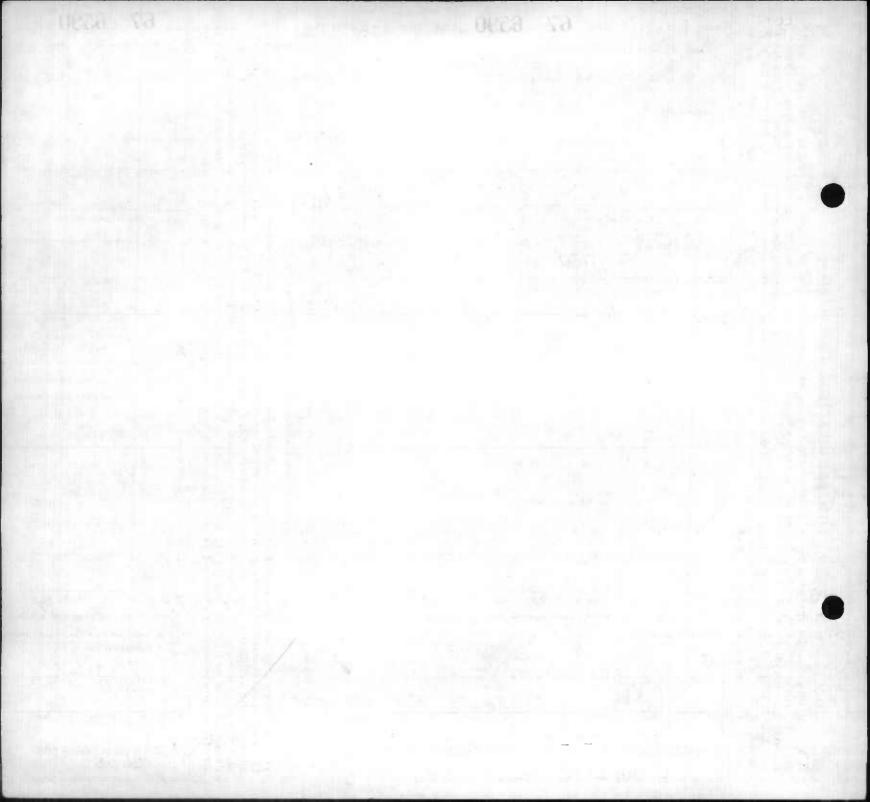
St. Paul st.

INTERVAL BETWEEN ONSET AND DEATH

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		0.10		BALTIMORE CITY	HEALTH DEPARTMENT		0500	
	H NO.	67	659	O CERTIFICA	TE OF DEATH	Registered No	67 6590	
1. N.	CASE NO. AME OF DECI e or Print)		nce Tomb			July 9 1967	H 1030 AM	
3. P	LACE OF DEA	TH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
	FULL NAME OF (If not in hospital or institution, give street hospital or institution) Franklin Sauare Hospital				C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)			
H								
	36				516 S. Gila		,	
5. S	Nale	6. RACE		NEVER MARRIED D. DIVORCED (specify)	July 1 1909	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
		PATION (Give kind of wo	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
/	onstruc		Eleva	ton	Penna			
13. [ATHERS NAM	A E			14. MOTHER'S MAIDEN			
		Um & Tomlin	son		Haud Russell	_		
15. \ (Yes	Vas Deceased ,no ai unknown)	Ever in U. S. Armed Fo	rces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	no	no		217 03 4083	Mrs Viola Ton	rlinson 516 S	Gilmor St	
	1B. 42	0.11		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		E OR CONDITION D		1	+ Port -1 1	0 11	n of wh	
				(A) DUE TO	ute Cerman	y Jusuffe	city I pour	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) ANTECEDENT CAUSES (8)							
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	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
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ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
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ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			ZOA. AUTOPST? TIES O	IN CERTIFYING C	AUSES OF DEATH?		
CER	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or contributing CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED			in or about 21 C. WHERE DI	O (II in Boltim	ore City, give exact location)		
AL.				ffice bldg., INJURY OCCUR	?			
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	22. I certify that (I) (this hospital) attended the deceased fram 7/9 - 19 67 to 7/9 - 19 67.							
п	that (1) (we) last saw the deceased alive an 1/9 and that in (my) (aur) apinian death accurred an the date							
	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATURE				1		23 B. DATE SIGNED	
	Colorer la a Cealm M.D. Attender				ending Med.	Stoff Phys	7/10/19	
	23C.PHYSICIAN'S 23D. ADDRESS							
	NAME (Type) O have Pos A CAUN M.D. 2145 WBalt At							
24A	CHUYCS A CATH						City, town, or county) (State)	
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26.4	Buria		25B. NAME	dan Hill Cenet	25C. FUNERAL DIREC	Baltimore	, Ad	
23 A	DATE REC'D	BY HEALTH DEPT.		A T A	Thomas & Ke	nyu Inc 1600	Holling St.	
		JUL 11 1967	10 Col	t E stable MA	O Thomas of the	7		
15	ISN_PEV 1/1/6	7	T					



		Cr	y CE	504	BALTIMO	RE CITY HE	ALTH DEPARTMEN	NT	1/		m	CEOA
BIRTH M.E. (NO. CASE NO.	0	7. 65	JOT	CERTII	FICATI	OF DEAT	Ή	Registered	No	67	6591
1. NAA	or Print) DE	VISE S	or. 1	Y DE.	NISE V RS	14.1	TEWS RED INTHEUSJU	LY 6	, 1967	7	111:	:30 PM
3. PLA	CE OF DEATH	IN BALTIMORE, A	AARYLAND	/			USUAL RESIDENCE STATE B. (COUNTY	leceosed lived.	If institutio	n: residence	before odmission)
НО	L NAME OF SPITAL OR TITUTION	(If not in hospit oddress or loco		tion, give s	treet	C	CITY OR TOWN	(If outside				
3	7					6	MT. ST.	(If ruro	NES A	AT WA	SHIN	6 TON
1	IERCY	HOSPIT	AL			3	BALTI	MOR	SE		27-	15
5. SEX	6. R	WHITE	7. MARI WIDO	RIED, NEV	ORCED (spe	B. I	DATE OF BIRTH 0 -21 - 18	95 05	AGE (In years birthday)	Mont	nder 1 Yr.	If Under 24 Hrs. Hours Min.
		TION (Give kind of w		D OF BUS	INESS OR IN	DUSTRY 11.	BIRTHPLACE (Stote o	or foreign	country		CITIZEN OF	NTRY?
1	R. S. M	RELIGIO	us Si	STER	OF	MERCY	MARYL	ANI			u. S.	4.
13. FA	THERS NAME					14.	MOTHER'S MAIDEN	NAME				
	s Deceased Eve	MATTH r in U. S. Armed yes, give wor or d	Forces?		SOCIAL SECURITY NO		TERESA C	ARR	OLL		ADDRE	ss
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-		ERATION 198. C		FOR WHIC	H OPERATIO	N	20A. AUTOPSY? (Yes	or No)	OB. IF YES, W	ERE FINDIN	IGS CONSIDER DE DE ATH?	DERED
_ 0	A. A CCIDENT VER CONTRIBUTION EATH (notify med	VAS UNDERLYING G CAUSE OF dicol exominer)	; 🗍				obout 21C. WHERE D		(If in Bol	timore City,	give exoct	locotion)
10 21 0	D. TIME (M F INJURY	onth) (Doy) (Ye	or) (Hour)	21E, INJI While A		RED Not While	21F. HOW DI	D INJUR	Y OCCUR?			
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th	101 (1) (we) los	t sow the deced	sed olive	on JI	ny	5	119 47	nd that	im(my) (our)	opinion o	deoth occu	rred on the dat
		om the couses s	toted obov	ve. (I) (W	e) (qiq) (qi	d not) viev	the body ofter de	eoth.				
23	A. SIGNATURE	. 74	0		M	.D. Attendi	ng Med.	Sto	off	23 B.	DATE SIGNE	D
23	C. PHYSICIAN'S	na 9.	ban	<u></u>		Phys.	Director	Ph	y s			
	NAME (Type)	1 840	<u></u>			M.D.	1. < 00 1/	, ,,	as DI +	21		
24A. E	WAKA	ION, 248, DATE		IC. NAME	of CEMETER		ME REY	4D. LOC	ATION	(City, tow	n, or county) (Stote1
D	REMOVAL (Speci	7/10	167 2	1- C-				D				
	DATE REC'D. BY	HEALTH DEPT.	25B. NA	ME OF RE	GISTEAR OF	7.S	25C. FUNERAL DIRE	ECTOR	TIMORE	, IID	ADI	DRESS
	JU	LTT 196/	Plobe	ع, ک	. Jarber	MA	H.W. MEAR	Så	SON 8	05 N	. CAL P	ERT ST
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	OFOO BALTIMORE CIT	Y HEALTH DEPARTMENT	67 6592
BIRTH NO. 67.	6592 CERTIFICA	ATE OF DEATH Registered N	· UI. UJJZ
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) JOHN	E. BRAUN	2. DATE AND HOUR OF DEA' JULY 8, 196	
3. PLACE OF DEATH IN BALTIMORE, MAR	YLAND	4. USUAL RESIDENCE (Where deceased lived, 1 A. STATE B. COUNTY	
HOSPITAL OR oddress or location)		MARYLAND C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)
WILKENS & CA		BALTIMORE ZONE	29 28-04
40 BALTIMORE 29		D. STREET ADDRESS (If rurol, give locotion) 2025,TREMONT ROAD	
MALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work) done during most of working lile, even if retired)	OB, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED		MARYLAND	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN A. Braun		CARRIE BUTCHER	
 Wos Deceosed Ever in U. S. Armed Force (Yes, no or unknown) (If yes, give war ar dates 	af service) 1 6. SOCIAL SECURITY NO.	Mrs. Emma E. Braun, 202	S. Tremont Rd. 21229
NO	705-07-643	1 SAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A KAROPERS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. 420.01	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE	CTLY	147/ 12: maley ()	2'
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heart failure, osthenia, etc. It means injury or camplication which caused		LACUY dister-	21
ANTECEDENT CAUSES	(B)		
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE		
	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exoct location)
21 D. TIME (Month) (Doy) (Yeot) OF INJURY (APPROX.)	(Hour) 21E, INJURY OCCURRED While At Not Whork At Work		21.5
22. I certify that (I) (this hospital)			JULY 8 19.67
that (I) (we) lost sow the deceased	olive on JULY 8	19 67 and that in (my) (our)	apinion death occurred on the date
ond haur and from the causes state	ed obave. (I) (We) (did) (did not)	view the body ofter deoth.	
25A. SIGNATURE	Dus Illa into A	Hending Med. Stoff	23 B. DATE SIGNED
22C PHYSICIANES		ys. Director Phys.	
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	LMENC -CATON AND
G. ANGOV,	M.D	STANGILES HOST TIAL, IT	
REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, lown, or county) (Stote)
Burial 7/11/67	Loudon Park Cen	netery Baltimore	Md.
	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL 11 1967	Robert E. tarbert	Howard H. Hubbard, 410	/ Wilkens Ave. 21229

LINE S. BRAUN

LUARYLAND

ST. 62 H25 L 2 LA 1

ALTINO S. CATOL: AVERUE

BALTIMORE 29, MARYLAND

LALE WALTE MARRIED

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70.-07-643 LST. SIMES MOSFITAL, FILKERS & COS. A. S.

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TOTAL WINES HOSPITAL, WILMERS STORY WELL

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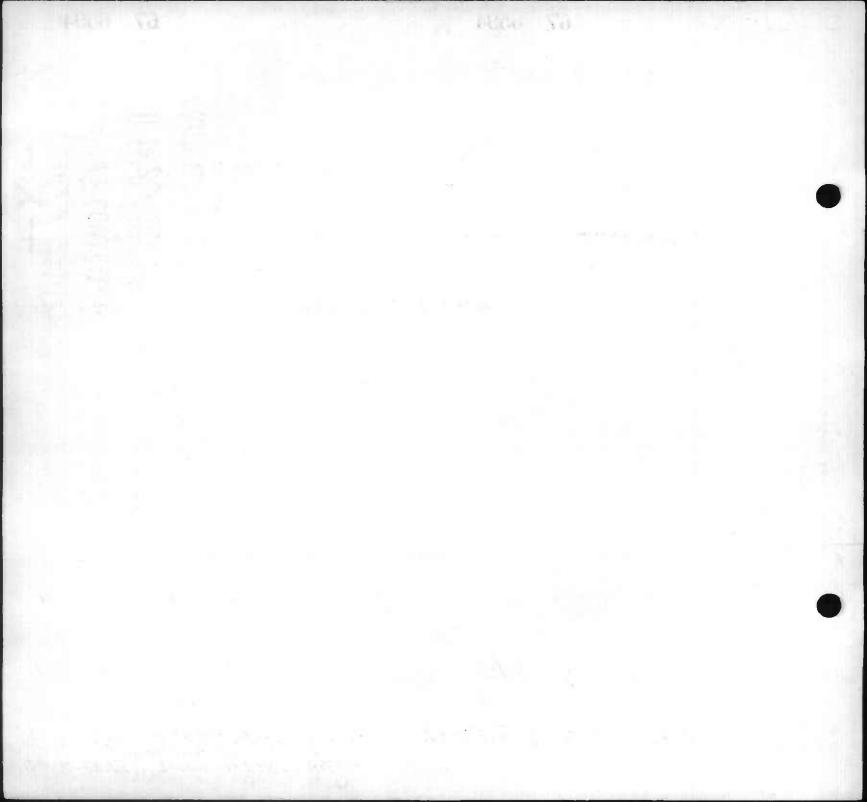
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

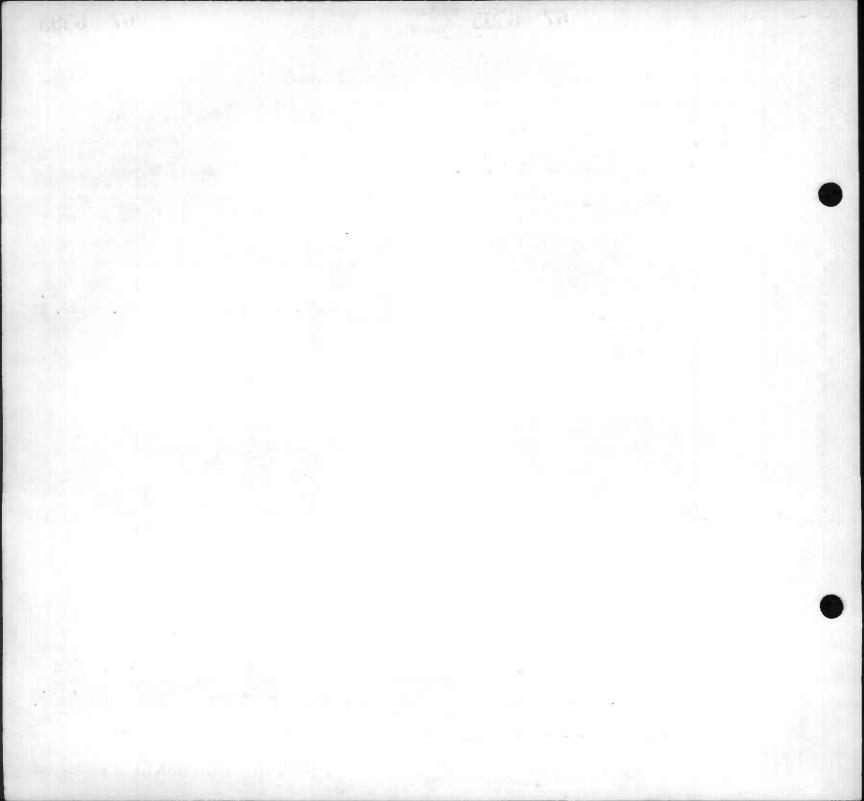
	C7 C	502 BALTIMORE CITY	HEALTH DEPARTMENT		C7 C502
	111 1101	593 CERTIFICA	TE OF DEATH	Registered Na.	67 6593
1.1	E CASE NO. JAME OF DECEASED JOHN OF PRINT FRANCIS LEROY		2. DATE AN	7, 1967	10:30 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	000.077.0	4. USUAL RESIDENCE (When	re deceased lived. If instit	tution; residence before odmission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	070 (2	1229) Iside city limits, write RUI	PAL and give towarding.
中	NSTITUTION		BALTIMOR		25.31
0	NIV. OF MARYLAND	HOSPITAL	D. STREET ADDRESS (III	rural, give location)	RD.
5. :		RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years 70)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
	\sim		12/4/96	7/	
	. USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if retired)	0	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
1		CETIRED	14. MOTHER'S MAIDEN NA		USA
13.	FATHER'S NAME				
16	TIMOTHY GOO Was Deceased Ever in U. S. Armed Forces?		ELLEN	CAINE	ADDRESS
(Ye	s, no ar unknown) (If yes, give war or dates of serv		17. INFORMANT		ADDRESS
	YES W.W. 1	218-18-3766	GILBERT-ST	RICKER 16	66 EDGE WOOD RD.
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A) CA	RCINOMA O	+ THE	
	(This daes nat meon the made of dying, heart laiture, osthenio, etc. It meons the disc	e.g., DUE TO	RCINOMA O	SLADDER	**************************************
	injury ar complication which coused death.)	(8)	WITH ME	TASTASIS	44EARS
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gi				**************************************
	rise to the obave couse (A) stoting UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(It in Baltimare C	City, give exact location)
0	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
2	(APPROX.)	While At Not While At Work	e	•	
	22. I certify that (I) (this hospital) attend	led the deceased fram	1964	19 10 VIII	67 1967.
	that (1) (wet) last saw the deceased alive	on July 7	19.62 and th	at In (my) (our) apinid	death accurred an the date
	and haur and from the causes stated above	ve. (1) (416) (did) (did not) v	riew the bady after death.		
	dward W. Cank	hell of M.D. Atte	ending Med. Director	Stoff Phys.	38. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	,	
24/	Edward V. Campke Burial CREMATION, 124B. DATE 124	OCH JE M.D.	UNIVERSI:		10wn, or county) (Stote)
-	REMOVAL (Specify) RURIAL ALL ALL ALL ALL ALL ALL ALL	VEW CATHEDRA	L CEMET.	BALT. M	10 21201 ADDRESS
123	WW 11 1967 R 0	of 2 Faluna	ONALTEDONE	PNERAL HOA	AF PRATT & CA
VS	150-REV. 1/1/65		VINE INIONI	W 1-1111- 11010	"- STATURER SID,

2886 Vet The statement of the second statement of THEFTHE GROWN FRANCE and the second s

OP.	BALTIMORE CITY	HEALTH DEPARTMENT	1/	0504
BIRTH NO. 6%	6594 CERTIFICA	TE OF DEATH	Registered No.	6594
M.E. CASE NO.		0. 00,		
1. NAME OF DECEASED			HOUR OF DEATH	,/<
3. PLACE OF DEATH IN BALTIMORE MARYLAN	STEVENS	1-6	-67	1 245 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where	deceased lived. If institu	ution: residence before odmissi
		A. STATE B. COUNTY	/	0 100
FULL NAME OF (If not in hospital or inst	itution, give street	Marilan	0/	(00 1. V-1 n
HOSPITAL OR oddress or location)	g. to succi	C. CITY OR TOWN (If outside	de city limits, write RUR	Al and nive towertin)
INSTITUTION		11 00	/	AC Old give lowiship)
(A) () a 1/	\bigcirc /	Chesapea		0 1-00
Bon Secouls Hesp	2/2/	D. STREET ADDRESS (If rur	ol, give location)	,
Dan Jecochis 140)	11-100	(V/18CDER	he Ma	21915
5. SEX / [6. RACE] [7. M	ARRIED, NEVER MARRIED			
/// W	DOWED, DIVORCED (specify)		AGE (In years I birthdoy)	f Under 1 Yr. II Under 24 Honths: Doys Hours Min.
7 0	1121 COU	8-6-95	7/	
10A. USUAL OCCUPATION (Give kind of work 10B. K		11. BIRTHPLAGE (State or foreign	country)	2. CITIZEN OF
done during most of working life, even if retired)		0/	,	WHAT COUNTRY?
HOUSE KEEPER	HOME	ilelawal-	_	118/4
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME		VI J
11. 112.				
YOSEDT DIOUSER		saia (ollins	
15. Wes Deceased Ever in U. S. Anned Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of s	ervice) SECURITY NO.			
NO	215-32-1755	MARGARET A	MN KRIMEZ	BALT. NAD
18. / 4 2/ 8	CAUSE O	F DEATH	MUDEN	INTERVAL BETWEEN
1071				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	, ,	1.01.10		01 - 10 1
(This does not mean the made of dying		remla	000000000000000000000000000000000000000	al Is days
rise to the obove couse (A) station UNDERLYING CONDITION last.	g lhe (C)			
OTHER SIGNIFICANT CONDITIONS CONTR				
A DISEASE OF CONDITION CARSING II.	FOR WHICH OPERATION	120A A 1470B-14	OAR IE WES	
19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	S OF DEATH?
W O		no		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, or etc.)	n or obout 21C. WHERE DID lifice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hou	d 21E INJURY OCCURRED	215 HOW 215 HOW	V 0 0 0 11 100	
OF INJURY		21F. HOW DID INJUR	T OCCUR?	
(APPROX)	While At Not While Work At Work	e 🗌		
22 1		1-21	/ m .L	7
22. I certify that (I) (this hospital) atte	nded the deceosed from	3 - 26 19	67 10 7-	6 - 19 67
that (I) (we) lost sow the deceased aliv	e on 7-6-230	19 6.7 ond that	in (my) (our) opinio	n deoth occurred on the c
and have and from the sames stated th	ave (1) (Wa) (1:1) (1:1		= =	
and hour and from the causes stated ob	over (1) (net (did) (did not) v	lew the body ofter death.		
23A. SIGNATURE	00		23	B. DATE SIGNED
Wane Lista	he M.D. Atte	ending Med. Sto	off y s.	T. 1 101m
23C. PHYSICIANA		23D. ADDRESS	7 0. (25)	JULY -6- 1967
NAME (Type)		- ADDRESS		
DONG SUP	CHA . M.D.	BON SECOUR	C HESPIT	AL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRE		ATION (City)	own, or county) (State
REMOVAL (Specify)	7-51/7/	-1 4	SHORE CORY, I	Own, or county) (Stote
BURIAL 7-9-67	BEITHEL CE	- METERY CHI	SAPEAKE	a GITTE M.
	AME OF REGISTRAR	25C. FUNEPAL DIRECTOR	12 obert 1	ADDRESS
JUL 11 1967 M.O	of E. Farberna	PARIN E. ME	AL KONE	ELATON, N.
VS 150-REV. 1/1/65	KIN Y. WINGER	A 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	112 PONE	The William
	7 . 1 / 1 /			



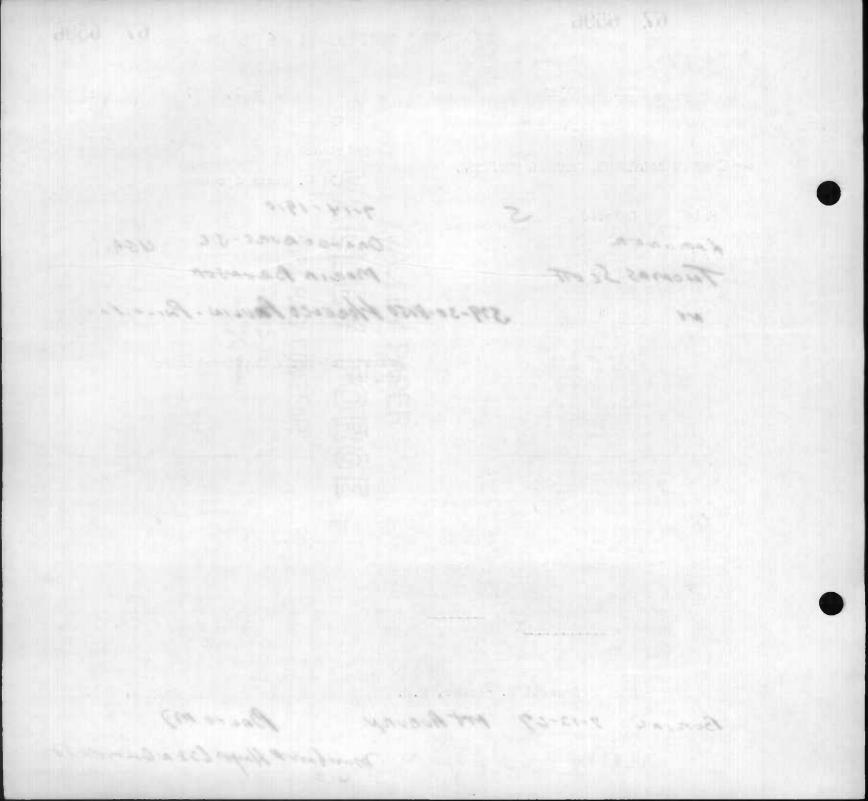
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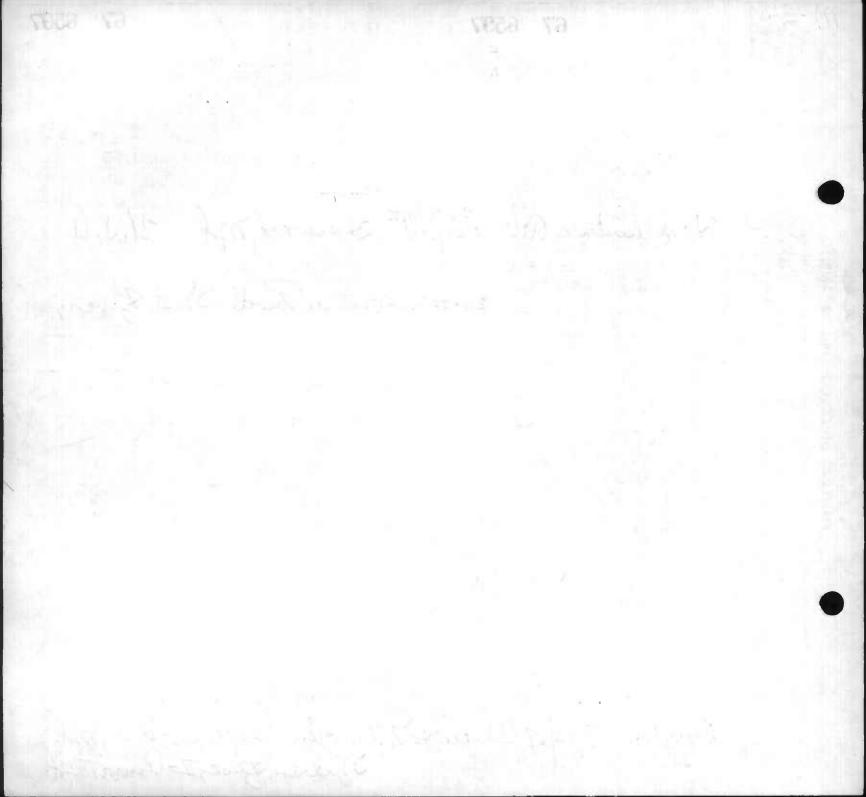
VS 151-REV. 1/1/65

JUL 11 1967 Robert E. Farbeyna manharr Harper 638 n 61

BURIAL (Specify)



			HEALTH DEPARTMENT		OP	OFOR
	TH NO. 67. 6	597 CERTIFICA	TE OF DEATH	Registered No	b/	6597
1. N	AME OF DECEASED	F	2. DATE AN	D HOUR OF DEATH	0.05	
3. 1	JOSEPHIN PLACE OF DEATH IN BALTIMORE, MARYLAND	MACKELL	4. USUAL RESIDENCE (When	8, 1967 de deceased lived. If inst	9:25	P. M.
	SHILL MAAAF OF		A. STATE B. COUN MARYLAND	A.A.		
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street		side city limits, write RU	IRAL and give town	ship)
	THE JOHNS HOPKINS	HOSPITAL	HARWOOD		52	-00
	3.3			rurol, give location) X 103	20776	
5. 5	WIDO	RIED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If	Under 24 Hrs.
103	EMALE NEGRO WI	DOWED D OF BUSINESSA QUELINDUSTRY	12-19-23 11. BIRTHPLACE (State or fore)	gp country)	12. CITIZEN OF)	
don	Home Essistance A	1. Co Sellow	Harwood	md	WHAT COUNT	RY?
13.	FATHERS NAME	//	14. MOTHER'S MAIDEN NA			
16	FRANKLIN WHITEIE	1 6. SOCIAL	FLORENCE	SHARPS	ADDRESS	
(Ye	s, no or unknown) (III yes, give war or dates of servi	SECURITY NO. 216-22-2825	Beatrice Ton	rell-Dres	t Rive	a. 714
	18. 4 9 = X I	CAUSE O	F DEATH		ONSET AN	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	In	tractable GI h	emorrhage	36 hr	
	(This does not meon the mode of dying, heart laiture, asthenia, etc. It meons the dise	e.g., DUE TO				
	injury or complication which coused death.)	Ur	emic Colitis		72 hr	
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION last.		pertension; re	nal failure	1 mon	th
ATION	DITHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE				
RTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FII	NDINGS CONSIDER	No
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, of etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact loc	otion)
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
8	(APPROX)	While At Work Not While At Work				
	22. I certify that (1) (this hospital) attend	ed the deceosed from		9 67 to July		19 67
	that (4) (we) last saw the deceased alive	on July 8	1967and the	at in (如效 (our) opini	an death accurre	d an the date
	and hour and from the causes stated abov	e. (1) (We) (did) (3%3%3% v	lew the bady after death.		3B, DATE SIGNED	
	h///www	M.D. Atte	ending Med.	Stoff Phys.	17/0/67	
	23C. PHYSICIAN'S NAME (Type)	Phy	23D. ADDRESS	rnys.	1/0/0	
	J.V. RUSSO	M.D.	THE JOHNS	HOPKINS HO	SPITAL	
24A		C. NAME OF CEMETERY OF CRE		1	town joy county)	(Figle)
	Surial 7/12/67	hew & n	Ilmored &	Lulyer	ully	Mex.
25A	JUL 11 1967 A C. A. S	ME OF REGISTRAR	250 FUNERAL DIRECTOR	Do To	ADDRE	Sp (
VS	150-REV. 1/1/65	ACTOSON CO.	- July rom	seese ju-	uma.	140.



67. 6598

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NG7. 6598

M.E. CASE NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUN	
SINAS ALUNZO FATALL	He thought pro-	July 9, 1967	10:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE	DENCE (Where deceosed lived, If in. Maryland	UNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TO	WN (If outside carporate limits, wri	te RUBAL and give township)
HOSPITAL OR ADDRESS OR LOCATION)			6-05
70	D. STREET ADD	Baltimore DRESS (If rurol, give locotion)	8
University Hospital		1713 Cliftview Ave	nue
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIR		
WIDOWED, DIVORCED (specily)	11-12-	カツ	Months Doys Hours Min.
Male Negro 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND	DUSTRY 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
dane during most of working life, even if retired)	11	20	WHAT COUNTRY?
13. FATHER'S NAME NITHER ROVES 1010	14. MOTHER'S A	MAIDEN NAME	Mr Dollar
BRITIC FAVALL	ANADY	1 4/2/11/75	1
15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL	17. INFORM ANT	11/11/2/01	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	P. OT	1- = . 11	. 2 = 011 0
VES MOREAN ATT-18-62	258 UEKIKU	WE FAYALLIN	DYE, CHASES
18. C	CAUSE OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO	Intracerebra	al hemorrhage	
(this does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meons the discose, injury or complication which caused death.)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO			b+++++++++++++++++++++++++++++++++++++
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DESTRUCTION OF		
2			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING IT.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	N 20A. AUTOPS	Y? (Yes or No.) 20B, IF YES, WERE I	
		es Yes	5
ZIA, EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218, PLACE OF INJURY home, form, foctory, streetc.)	treet, office bldg., INJUI	WHERE DID (If in Boltimore City, RY OCCUR?	give exact location)
UTING CAUSE OF DEATH.			
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCU	IRRED 21F. H	IOW DID INJURY OCCUR?	
(APPROX.)	NOT WHILE		
22.	-		1.1
certify that I held on Inquiry Inspection		nd that an this bosis, death in	
resulted from: Notural causes X Accident S		Ide Undetermined mon	ner
ACTUAL ()		MEDICAL EXAMINER	DATE SIGNED
SIGNATURE MANY STATE		MEDICAL EXAMINER X	
EXAMINER'S Charles S. Springate, M.	.D. ASSOCIATE	MEDICAL EXAMINER	July 10, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEME	ETERY OF CREMATORY	23D. LOCATION (Cit	ly, town, or county) (Stote)
BURIAL 7-15-61 PRIVA	IF	ALVIN '	S.C.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNE	RAL DIRECTOR	ADDRESS
JUL 11 1967 R. P. R. E. Ja. Q.	in land	nu Will +	170.1 HALL
10000 41 10000	WHILE DODE	IN ISNIUMI FU	LNEAR HOME
VS 151-REV. 1/1/65	11 6 6	1 ()	

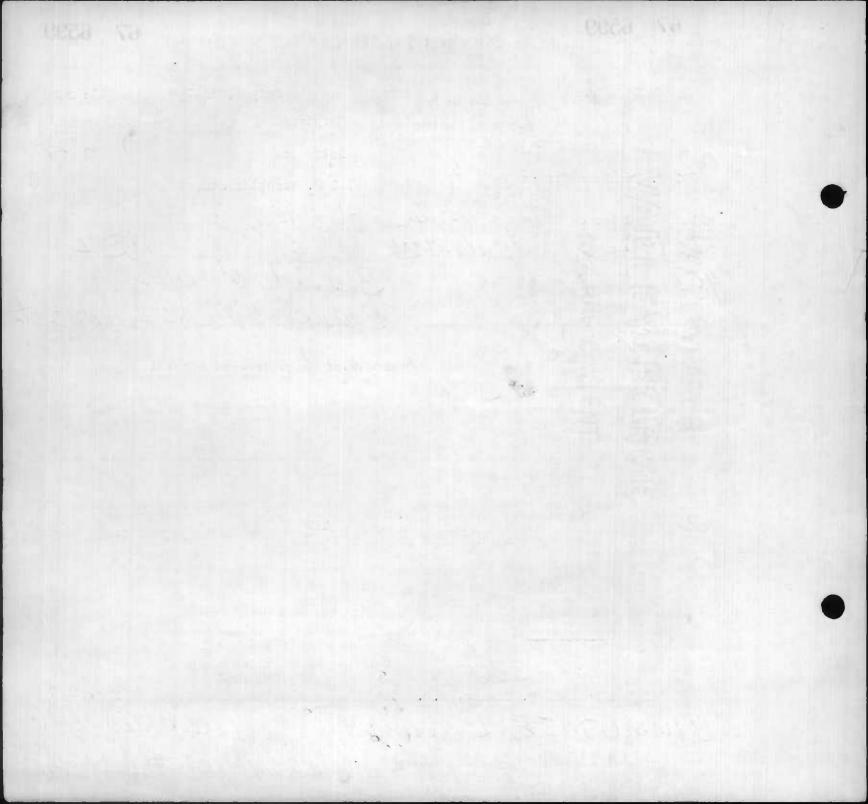
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W-420 BIRTH

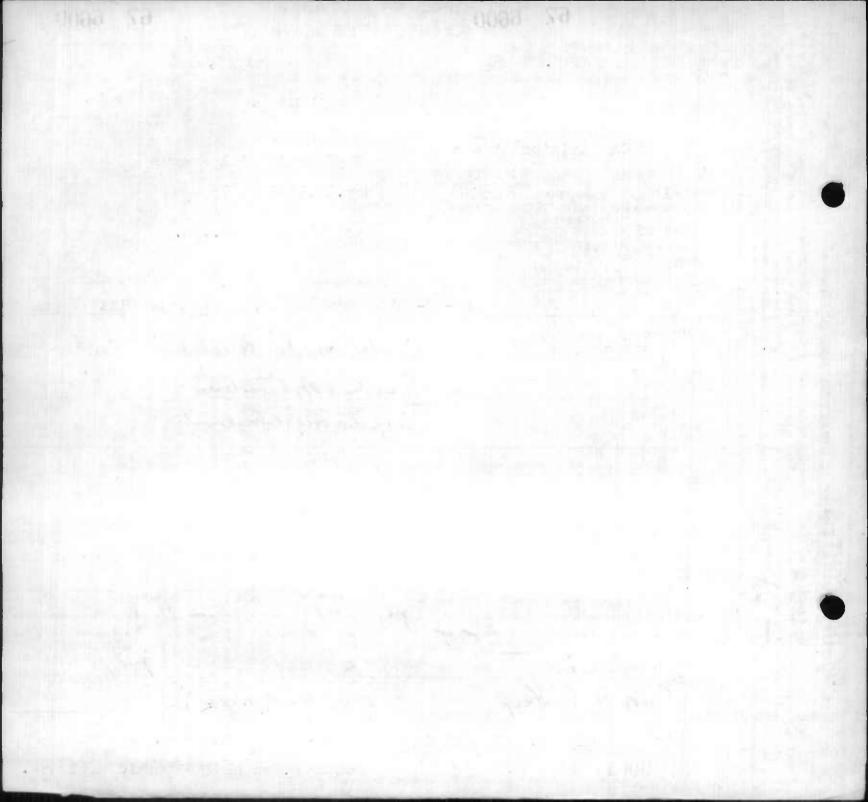
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BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. MEDICAL EXAMINER'S CI	ERTIFICATE OF DEATH Registered No. 600
M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD
JAMES WALLS	July 8, 1967 12:45 p M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
00	Baltimore D. STREET ADDRESS (If jurol, give locotion)
702 W. Franklin Street	702 W. Franklin Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Colored Per Manuel	8-10-1937 9. AGE (In yeors of Under 1 Yr. If Under 24 His. Months, Doys Hours, Min.
IDA. USIAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY	WHAT GOUNTEY?
Janzes Malls	B. Janen Green
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	Blanch Walls Stank St
18. CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUF TO	rdose of narcotics and alcohol
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
ZIA. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID (If in Bultimore City, give exoct location)
UNDERLYING OR CONTRIB-	ffice bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WORK AT W	WHILE ORK
22. 1 certify that I held on Inquiry Inspection Aut	
resulted from: Natural courses X Accident Suicide	
Testifed from. Indicate courses A Accident Street	CHIEF MEDICAL EXAMINER
ACTUAL 6 Monther	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.D. EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	July 9, 1967
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	CREMATORY 23D' LOCATION (City, town, or county)
24A-DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24c. FUNERAL DIRECTOR ADDRESS
JUL 11 1967 Robert E. Farburn	Milliam Reesett Innalle
VS 151-REV, 1/1/65	



	67	660	BALTIMORE CITY	HEALTH DEPARTMENT		67	6600
BIRTH NO.		000	CERTIFICA	TE OF DEATH	Registered Na.	01.	0000
M.E. CASE N	DECEASED			2, DATE A	ND HOUR OF DEATH		
(Type or Print	MARY S.	DAVIS		J	uly 3, 196	7	N
3. PLACE OF	DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Who		stitution: resider	nce before admission)
F1111 11 11 11 11 11 11 11 11 11 11 11 1				Maryland			
HOSPITAL	OR oddress at location	or institution, j	give street	C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give	e township)
INSTITUTIO	Provident 1	Hosni te	p.]	Baltimore		12	04
20	1514 Divis:	ion Sta	reet	D. STREET ADDRESS (III	tural, give location)		
	1)11 11 11 11 11 11 11 11 11 11 11 11 11	2011 1001		2456 Druid	Hill Avenu	ıe	
5. SEX 7	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Y Months: Day	r. If Under 24 Hrs.
Fema	le Negro	Mar	ried (specily)	Nov.12,1891	lost birthdow	Monms	s Hours Min.
	OCCUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loss	eign country)	12. CITIZEN	OF OUNTRY?
	ost of working life, even if retired) SEWIFE			Mecklingber	or Co Ve	WHAI	200IVIKI:
13. FATHER'S				14. MOTHER'S MAIDEN NA			
Jame	1)	~					
	1200000	11		Lula Harri	.8		
15. Was Dec (Yes, no ar unl	eased Ever in U. S. Armed Far known) (II yes, give wor or date	ces? as al service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
No			212-28-2346	Fred Davis	, 2456 Dru	id Hil	1 Avenue
18.	3/1/		CAUSE O			INTE	RVAL BETWEEN
	ISEASE OR CONDITION DI	RECTLY	P	1	1 .	ONS	ET AND DEATH
	LEADING TO DEATH		ucer	coro voscular	occident	1 m	Net -
	oes nat mean the made of iture, asthenia, etc. It means		DUE TO	4			
	r camplication which caused		C_{\bullet}	· les AT			
	ANTECEDENT CAUSES		(B) Ne	wan off we	-eroou	4	
DISEAS	ES OR CONDITIONS, if	any, giving	000	ebro voscular whin After pritur Heart	1.0		
	the above cause (A)	slaling the	(C) Cor	krew Heary	taller-		
UNDEK	LYING CONDITION last.		/				
Z		CALTRIBUTIAL	· ///				
E TO TH	SIGNIFICANT CONDITIONS OF	ATED TO TH					
	E OR CONDITION CAUSING		WHICH OPERATION	[20A, AUTORY? (Yes or N	lo) 208. IF YES, WERE I	INDINGS COI	NSIDERED
19A. DA	WAS PER	FORMED	THE CONTRACTOR	1	IN CERTIFYING CAL	USES OF DEAT	TH?
U 21A. AC	CIDENT WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	n ar about 21 C. WHERE DID	(II in Baltimare	City, give ex	act location)
OR CON	TRIBUTING CAUSE OF	hom etc.	ne, larm, foctory, street, al	fice bldg., INJURY OCCUR?		, , , , , , , , , , , , , , , , , , , ,	
U				015 110 110			
OF INJU			ile At Nat Whil	21F. HOW DID IN	JURY OCCUR?		
< (APPROX	L)	Wo		e D		4 -	
22. I ce	ertify that (1) (this hospita	l) attended t	he deceased fram	ne	1950 10	July ?	1967
that (I)	(we) last saw the decease	ed alive an	1 Jul	19 CV7 and 1	hat in(my) c(sur) api	nan death a	ccurred an the dat
	or and fram the causes sta		I) CHEN CHEN CHILD DON'S	/			
23A. SIG		A apave. (i/ gare/ gara) (ala hai/ v	tew the budy utter death.		238, DATE SI	GNED
	the ide of	4	M.D. Atte	ending Med.	Stoll	no.	1-1
	moun	N	Phy	s. Director	Phy s.	They	, 0/
	ME (Type)	1		23D. ADDRESS		0	
0	omen H. Co	1tavi	M.D.	HYS Park	HEAS B		
	CREMATION, 248. DATE	74C. N.	AME at CEMETERY of CRI	EMATORY 24D.	LOCATION (CI	ty, town, or co	unty) (State)
Bur		0 1067	Roll timore	National	Baltimore	Mars	rland
25A. DATE I		0,1967	OF REGISTRAR	National 25C. FUNERAL DIRECTO	Day officer		ADDRESS
	JUL 11 1967		E. Farberma	Edgar L.Ly		Druid	
VC 150-PEV		Morres	C, 100000, -4	Dagar D.Dy	1011 240)	DIULU	TALLE MYOU



Vernon Tasker

BIRTH NO.

(Type or Print)

M.E. CASE NO.

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH July 6, 1967 1:20p 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write RURAL and give township If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 2133 McCulloh Street INTERVAL BETWEEN ONSET AND DEATH

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

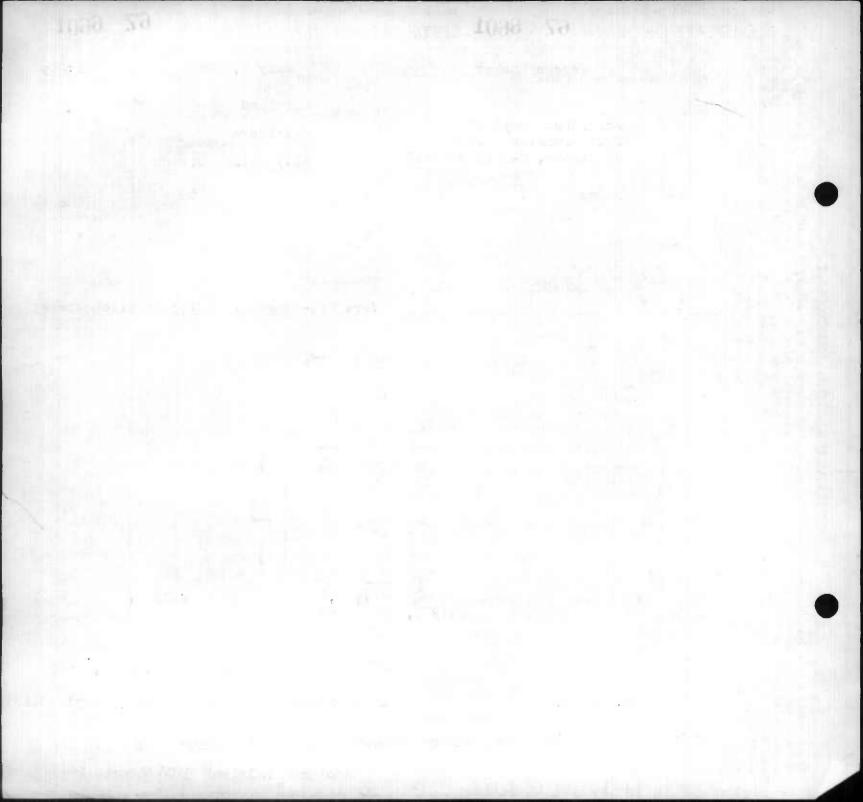
(If in Baltimare City, give exact location)

ond that in (my) (our) opinion death occurred on the date

238 DATE SIGNED July 7, 1967

M.D1514 Division Street-Baltimore, Maryland(17)

Adolphus Halstead 1206 W North Ave



Burial

25A. DATE REC'D BY HEALTH

a hospital and

		HEALTH DEPARTMENT		67	COOS
BIRTH NO.	6602 CERTIFICA	TE OF DEATH	Registered No.	07	Obus
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH		
Spencer, W	illiam	4. USUAL RESIDENCE (Wh	7+5-67		7:10P.
PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Wh	ere deceosed lived. If in NTY	stitutian: residence t	before odmiss
FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)	astitution, give street	Maryland (If o	utside city limits, write	RURAL and give toy	vaship)
Provident	Hospital, Inc.	Baltimore		1 - 6	1
37 Baltimor	e, Maryland 21217	D. STREET ADDRESS (I		o.t	/
. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	tockton Stre		If Under 24
2.4.7	WIDOWED, DIVORCED (specify) Divorced	12-6-19	lost birthdoy) 47	Months Doys	lours Min
OA. USUAL OCCUPATION (Give kind of work 108				12. CITIZEN OF	
one during most of working life, even if retired)	27	771		WHAT COUN	
UnempLoyed B. FATHERS NAME	None	Virginia 14. MOTHER'S MAIDEN NA	AMF	U.S.A	•
	?	20.2	encer		
5. Was Deceased Ever in U. S. Armed Forces?		17. INFORMANT		ADDRES	S
(es, no or unknown) (If yes, give wor or dotes of	SECURITY NO.	Emma Scott (Niece) 2508	Terra Firm	a Rd.
18.5 81.0	CAUSE C	F DEATH			L BETWEEN
DISEASE OR CONDITION DIRECT	TLY	0.00110	171-11		IND DEATH
LEADING TO DEATH	(A)	SIRRHOSIS O	f the LIVER	3	
(This does not mean the made of dy heart failure, asthenia, etc. It means the	ing, e.g., DUE TO				
injury or complication which caused de	oth.)				
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if any	giving				
rise to the above cause (A) sta	ling the (C)				· · · · · · · · · · · · · · · · · · ·
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE				
19A. DATE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	lo) 20B. IF YES, WERE I	FINDINGS CONSID	ERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	MED	9.7	IN CERTIFYING CA	USES OF DEATH?	
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact le	ocation)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, foctory, street, o	office bldg., INJURY OCCUR?			
O 21D-TIME (Month) (Doy) (Year) (F	loud 21E, INJURY OCCURRED	21F. HOW DID IN	IIIBY OCCUP?		
OF INJURY	While At Not Whi		JORT OCCOR:		
(APPROX)	Work At Work				
22. I certify that (I) (this hospital) of	tended, the deceased from	6-27-67	.19 to 7	-5-67	19
that (I) (we) last saw the deceased a	live on 7-5-67	19ond t	hat in (my) (our) opi	nion death accur	red on the
and hour and from the couses stated					
23A. SIGNATURE	(i) (iio) (did) (did fidi)	The body offer death.		238, DATE SIGNE	D
(Bassie S	- Hours M.D. AH	ending Med.	Stoff X	7-5-67	
July 110	Phy	ys. Director	Phys. L		
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
GREGORIO S	IENGGO M.D.	151/ Divis	sion Street		
			2021 1002 000		

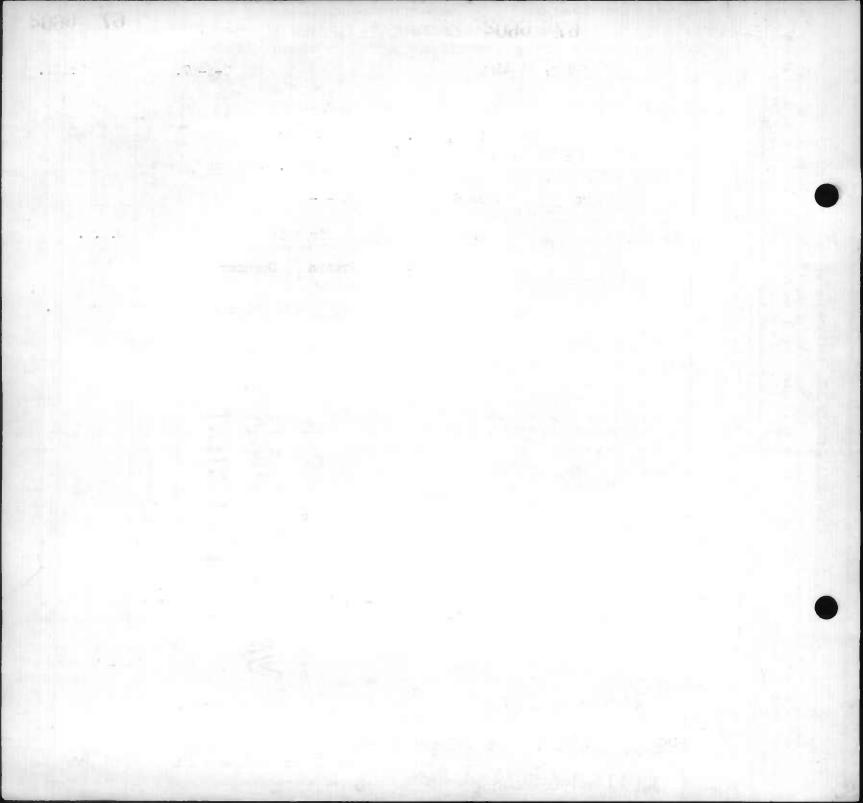
Cemetry

Adolphus Halstead

ounty ad 1206

7/11/67 Mt Calvary
DEPT. 258. NAME OF REGISTRAR

Polich & Falley MA



deceased o

25A. DATE REC'D BY HEALTH DEPT

VS 150-REV, 1/1/65

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25C. FUNERAL DIRECTOR

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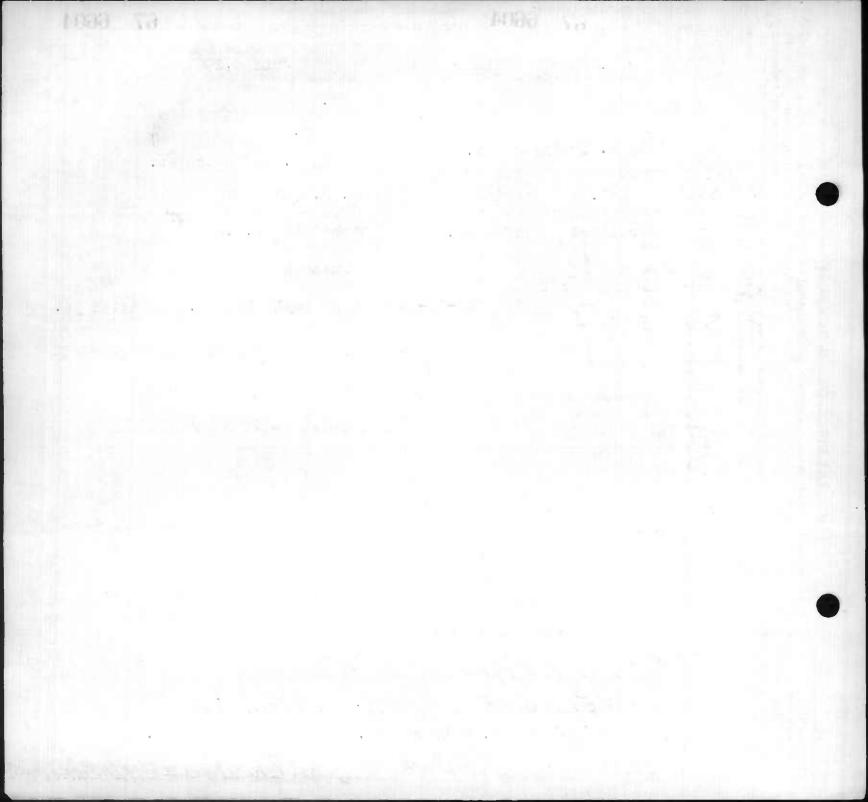
ENH DE MARKET DE LA CONTRACTOR

Walte Gallage He

TATISLENT CHILANIS

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M.E. CASE NO.	071470		CLKTIIICA	TE OF DEATH	Registered N		
1. NAME OF DE (Type or Print)	LEONARI	DOYLE			Y 8,1967		
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. COL	here deceased fived. If	f institution: re:	sidence before
FULL NAME		or institution, give str	eet	Md.		15	7-01
HOSPITAL O	d oddress or locotio	n)			outside city limits, wri	te RURAL and	give lownship)
				Balto.			
001	515 W. Lexin	ngton St.		11	If rurol, give location)	- 1	
					exington		
s. sex	COL.	7. MARRIED, NEVEL WIDOWED, DIVE Married	ORCED (specify)	Aug. 8,1891	9. AGE (In years lost birthdoy)	If Under Months	Doys Hours
	CUPATION (Give kind of wor of working life, even if retired)	108, KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZ	EN OF
	retired	GE E Co		Barbadoes	B.W.I		
13. FATHER'S N.		- G G 23 0 C		14. MOTHER'S MAIDEN N		1	
IInle	nown			Unknown			
15. Wos Deceos	d Ever in U. S. Armed Fo	rces? 1 6. SC	CIAL	17. INFORMANT			ADDRESS
(Yes, no or unkno	vn) (If yes, give wor or dot	es of service) SE	CURITY NO.		3635		
no		ETS		Eliza Doyle	1012 M.		
18.	5.31		CAUSE	F DEATH			NTERVAL BET
DISE	ASE OR CONDITION DI LEADING TO DEATH		Ca	an insua	E CIL M	- 0	0 11.
(This does	not mean the mode of		DUE TO	RCINOMA O	P 3/15/10	10	3 Mu
	e, osthenio, etc. It meons		00	LON			
injury or c	ANTECEDENT CAUSES		(B) 11V	ERT/CULIT	US OF CO	201	
DISEASES	OR CONDITIONS, if	•	DUE TO				
	the above cause (A)		(C) SE	CONDARY A	NEMIA		
UNDERLYI	NG CONDITION last.						
7	- 11						
E TO THE	DEATH BUT NOT REL	ATED TO THE					
U MAA. DATE	R CONDITION CAUSING OF OPERATION 198. CON	IT.	OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WE	RE FINDINGS	CONSIDERED
1/4		FORMED	ON (51811		IN CERTIFYING	CAUSES OF D	DEATH?
U 21A. ACCIE	ENT WAS UNDERLYING	21 B. PL A.C.	F OF INTURY (e.g., i	in or about 21 C. WHERE DID	(1f in Battin	nore City, give	e exoct locotion
	BUTING CAUSE OF	home, form	n, foctory, street, o	ffice bldg., INJURY OCCUR?			
U	(Month) (Doy) (Year)	(Hour) 21F IN III	RY OCCURRED	21F. HOW DID II	NURY OCCUP?		
F OF INJURY		While At	Not Whi	le 🗀			
(APPROX)		Work	Al Work			1 - 11	
22. I certi	fy that (I) (this hospita	l) attended the dec	eased fram	3/11/67		12/6	1
	e) last saw the deceas	ed alive an	***************************************	19and	that in(my) (aur) (pinian deat	h accurred a
that (I) (w	nd from the causes 519	ited abave (1) (We)	(did nat)	view the bady after death	1.		
						23 B. DAT	E SIGNED
	UNE A			anding To Mad	Stoff	17	/10/
and hour o	911000	an and	M.D. Att	ending Med.	Phys.		
and hour of	Julle	lone	M.D. Att	23D. ADDRESS	Phys.		10/1
and hour of	Julle	lone	M.D. Att	ys. Director	Phys.		/ / /
23A, SIGNA 23C, PHYSIC NAME	IANS WELL	LOME PARE	M.D.	23D. ADDRESS 1106 Harle	Phys. L	(City Jawa	County
23A, SIGNA 23C, PHYSIC NAME 24A, BURIAL C REMOVAL	IANS (A) POPP REMATION, 24B. DATE (Soecify)	20ME 24C. NAME 0	M.D.	23D. ADDRESS // OG Har / E	LOCATION	(Cily, lown, o	or county)
23A, SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL BURIAL	IANS (Specify) 7/12/1		M.D. CEMETERY OF CR alvary C	23D. ADDRESS 23D. ADDRESS ADDRESS EMATORY 24D. C	LOCATION eder Hill		
23A, SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL BURIAL	REMATION, 24B. DATE (Specify) 7/12/1	20ME 24C. NAME of 967 Mt. C	M.D. CEMETERY OF CR alvary C	23D. ADDRESS // OG Har / E	LOCATION eder Hill		ADDRESS
23A, SIGNA 23C. PHYSIC NAME 24A. BURIAL C REMOVAL BURIAL	IAN'S IA		M.D. CEMETERY OF CR alvary C	23D. ADDRESS 23D. ADDRESS ADDRESS EMATORY 24D. C	LOCATION eder Hill		



IMPORTANI

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

7/12/67 - Correction form from funeral director.

Francisco regil upper lot to

Ale.

9	7002	
40	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death f any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased I (except where the physician who pronounced death was in regular attendance on the 1); and (6) No physician was in regular attendance on the deceased prior to death. Such se obtained before the remains are embalmed or final disposition is made.	
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FUNERAL DIRECTOR: IMPORTANT	ner. Ictu pro	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
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67. 660		Y HEALTH DEPARTMEN		67. 6606			
M.E. CASE NO.	CERTIFICA	ATE OF DEAT	п /				
(Type or Print)		2. DA1	E AND HOUR OF DEATH				
KAHLER E. GRACE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		07/07/67 6:50P M. 14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)					
		A. STATE B. C	OUNTY	0000			
FULL NAME OF (If not in hospital or instituti HOSPITAL OR addless or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALT I MORE D. STREET ADDRESS (If rural, give location)						
ST AGNES HOSP							
CATON & WILKE							
BALTIMORE 212		SHANGRI LA	NURSING HOM	E HARLEM LANE			
5. SEX 6. RACE 7. MARR	ED, NEVER MARRIED WED, DIVORCED (specify) OWED	B. DATE OF BIRTH 08/2/1880	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B, KIND				12. CITIZEN OF			
done during most of working life, even if retired) NONE		MARYLANI		USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	INAME				
WILLIAM HENRY LOTZ	WILLIAM HENRY LOTZ LAURA VIRGINIA LANGE						
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.			27-Plainffeld-N. J.			
NO	UNKNOWN		ECORD ST AGN				
18. 4 S		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY	,						
LEADING TO DEATH (This does not meen the mode of dying,	(A) Mas	sive Acute 4	yocandial intan	tim About 10 days			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES	(B)						
DISEASES OR CONDITIONS, if ony, giv	(B)						
rise to the obove couse (A) stoting							
rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED WAS PERFORMED TO WAS DEPORMED.							
194. DATE OF OPERATION 198. CONDITION FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED			
7-2-1867. Ephora Tow	1/90.	yes	IN CERTIFYING CA	USES OF DEATH?			
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	in or obout 21 C. WHERE D	ID (If in Boltimore	e City, give exact location)			
DEATH (notify medical examiner)	etc.)						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
(APPROX.)	While At Work At Work						
22. I certify that (X) (this hospital) attended	d the deceased from	07/01	19 67 10	07/07 19 67 ,			
that (X (we) last saw the deceased alive o				nian death accurred on the date			
and hour and from the causes stated above	. (We) (did) (Min (Max)	view the bady after de	ath.				
23A. SIGNATURE	N. T. T. N.			23 B. DATE SIGNED			
Chal Mutth		Med.	Stoff Phys.				
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	WIL	KENS & CATON AVE			
C. MATTHEY,				TO.,MD. 21229			
REMOVAL (Specify)	NAME of CEMETERY OF C			ty, town, or county) (State)			
Burial 7/10/67	Mt. Olive Ce		Randallsto				
25A. DATE REC'D BY HEALTH DEPT. 35B. NAM	NE ON REGISTRAN	25C. FUNERAL DIRE	. D 4101 Edi	monds n Ave.			
V\$ 150-REV. 1/1/6\$		-					

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AND 1974 A 2021214 FESTS . 01, 072 - 2071 Hall Malina .72

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Turn in

BIRTH NO. 67-13439 67. 660 M.E. CASE NO.	יכיו	HEALTH DEPARTMENT	Registered No	67, 6607
1. NAME OF DECEASED GIRL GREEN		2, DATE AN	67 9:20	PM
3. PLACE OF DEATH IN BALTIMORE, MAYLAND TAL ST. AGNES HOSPITAL FULL NAME OF (If not in hospitol or institution, give street oddress or location) INSTITUTION		A. STAMD. B. COUN	TY	institution; rosidence before admission
WILKENS AND CA	D. STREET ADDRESS (If rurol, give locotion) 1024 CHARING MARTIN CT.			
	WED, DIVORCED (specify)	7/9/67	9. AGE (In years lost bigh by)	Months Doys House 5 Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even it retired) NEWBORN	D OF BUSINESS OR INDUSTRY	US , BALTO.		12. CITIZEN OF
13. CALVINEDWARD GREEN		14. WANEY MARY	REITZ	
15. Was Decoused Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	rico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ST. AGNES HO	OSP. RECO	ADDRESS CATON RDS WILKENS &
LEADING TO DEATH (This does not mean the made af dying, heat failure, asthenia, etc. It means the distingury at camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, going the above cause (A) stating UNDERLYING CONDITION last.	(B) DUE TO iving the (C)	moture		
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20A. AUTOPSY? (Yes or No	E FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinat)	CONTRIBUTING CAUSE OF homo, form, foctory, stroot, o		(If in Boltime	oro City, givo exoct locotion)
21D. TIME (Month) (Doy) (Yoor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Work Not While At Work		URY OCCUR?	
22. I certify that XI) (this hospital) attended that XI) (we) lost sow the deceased alive and hour and fram the couses stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ESTHER EDERY	onJULY ve. (M (We) (did) (dX/MXr) M.D. Att. Phy	JULY 9	Stoff Phys.	
Burial 7/11/67	Lorraine Parl	c Cem.	Baltimore	
JUL 11 1967 258. NA VS 150-REV. 1/1/65	BE STORMA	Witzke F. D.	- 4101 Edu	nondson Ave.

1453 St. J.Fd. - Tal., P. A Company of the Comp STANLE SIMITE NEEDER DE LE MILEVE of the state of the MENERAL SUBJECT STATES OF THE STATES

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		BALTIMORE CITY	HEALTH DEPARTMENT		0000		
	TH NO. 67. 660	CERTIFICA	TE OF DEATH	Registered No	67, 6608		
1.1	E. CASE NO. IAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
	DAVIDSON	SYLVIA	JULY		4:00 P M.		
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution)	on give street	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	e deceosed lived. If ins TY	titution: residence before admission)		
11	HOSPITAL OR oddress or location)	on, give should	C. CITY OR TOWN (If out	side city limits, write R	URAL ond give township)		
	ST ACNES HOSDITAL		BALTIMORE D. STREET ADDRESS (If turol, give location)				
10	ST AGNES HOSPITAL		D. STREET ADDRESS (If rurol, give locotion) 2211 WILKENS AVE				
5.	SEX 6. RACE 7. MARRI	ED, NEVER MARRIED		AVE.	If Under 1 Yr If Under 24 Hrs.		
	FEMALE WHITE	RR IED	7-14-89	77	Months Doys Hours Min,		
	LUSUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE - WIFE		MD		AMERICA		
13.	FATHER'S NAME	luce 1 - a	14. MOTHER'S MAIDEN NAM	ΛΕ «			
V	UNKNOWN C/ A. RES - C-/	(BAPD	UNKNOWN	NNA-MA	KY-TARD FX		
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS //		
	V V	218 09 879	4 ST AGNES H	SPITAL CA	ATON & WILKENS		
	18. 4.20 /1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY	1	Janto Mos	11	12.6220		
	LEADING TO DEATH (This does not mean the made of dying, e	(A) DUE TO	107/16 17/95	10012	4 /11/16/01/15		
	heart failure, asthenia, etc. It means the disectiniury or camplication which caused death.)		17/20- 1	1			
	ANTECEDENT CAUSES	(B)	anning of	10000	0		
	DISEASES OR CONDITIONS, if any, giv	DUE TO	11.5 / 8	11	n_{l}		
	rise to the above cause (A) stating		MIN KA	27700	177 R.I.		
	UNDERLYING CONDITION last.			,			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING		*			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	0.00				
			NO NO.	20B. IF YES, WERE FI			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, of DEATH (notify medical examiner)		n or obout 21 C. WHERE DID flice bldg., INJURY OCCUR?	(If in Boltimore	City, give exect locotion)		
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
2	(APPROX)	While At Work At Work					
	22. I certify that (I) (this hospital) attende	ed the deceased from	JULY 3 i	9 67 to JUL	Y 7 19 67,		
	that (I) (we) lost sow the deceased alive of	IIII V 7	19 67 and the		nian death occurred on the date		
	and hour and from the couses stated above	. (I) (We) (did) (did not) v	view the body after death.				
	23A. SIGNATURE	n			23B. DATE SIGNED		
	& - lever	AMPOVM.D. Att	ending Med.	Stoff Phys.	07-07-67		
	23C. PHYSICIAM'S NAME (Type) DR. GEORGE AN	GOV	23D. ADDRESS		BALTIMORE MD		
		N. D.					
24.	A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify)	NAME OF CEMETERY OF CR	A D W	CATION (City	y, town, or county) (State)		
25	BUKIAW 7/10/6/TX	UUUUUNP	ARIA III.	Jakum	M. MIN		
25	A. DATE REC'D BY HEALTH BEPT. 258. NAM	AE OF REGISTRAR	250. SUNERAL DIRECTOR	Ilipit in	ADDRESS		
L	150-REV. 1/1/65	Manager Comment	100001/11	Man. 130	MAMANIMER		

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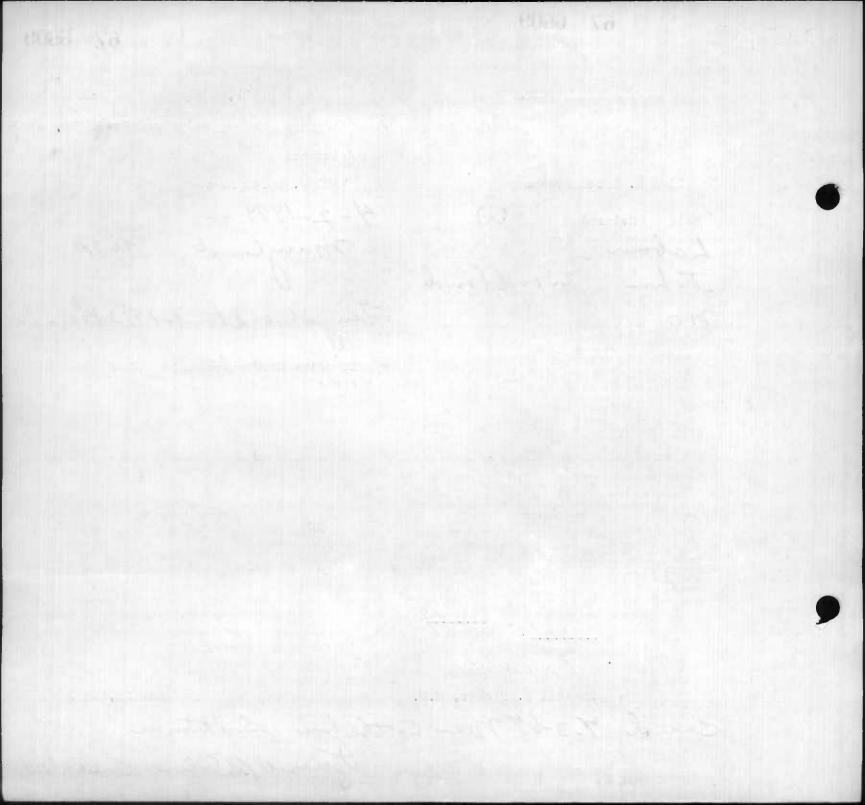
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0000		EALTH DEI ARTMENT			C) 101	000
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.	67.	_660

w-345	67. 6609 BALTIMORE CITY HEALT MEDICAL EXAMINER'S CE	TH DEPARTMENT ERTIFICATE OF DEATH Registered No. 67, 6609
10	M.E. CASE NO.	EKITICATE OF BEATTIME
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	JOHN HENRY WOODI AND 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	June 27, 1967 3:35 p.M. 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	00	Baltimore D. STREET ADDRESS (If rurol, give location)
	2103 W. North Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE the years III Under 1 Yr, If Under 24 Hrs.
	WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE the years II Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
	Male Colored 10A. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	WHAT COUNTRY?
	600	14. MOTHER'S MAIDEN NAME
	Tolar Woodland	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown), (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
	200 Million Mi	The color 1 1913 Per
	IB. 44 4 X. CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Typertensive Cardiovascular
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Disease
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	(C)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING IT.	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED
	WAS PERFORMED	NO
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F, HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) m. WHILE AT NOT V AT WO	WHILE ORK
	22. I certify that I held an Inquiry Inspection X Auto	opsy and that an this basis, death in my opinian
	resulted fram: Natural causes 🗓 Accident 🗌 Suicide	Homicide Undetermined manner
		CHIEF MEDICAL EXAMINER K
	SIGNATURE / M.D.	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Russell S. Fisher, M.D.	Tune 28, 1967 CREMATORY (23D. LOCATION (City, lown, or county) (Stote)
	REMOVAL (Specify)	I I I R Of Dank
	24A, DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	124CAUNERAL DIRECTOR ADDRESS
	240, WAIVE OF REGISTRAK	A CONTRACTION
	111 11 1067 A 0 60 Falance	Junel S. Van-Ballo, md
	VS 151-REV. 1/1.480 L. 1 1001	9 6 6 9



1	67. 66		HEALTH DEPARTMENT	Registered No.	105-94-16
	M.E. CASE NO. 1. NAME OF DECEASED DW. R.Y.	JUNIOUS	TE OF DEATH	HOUR OF DEATH	67, 6610
	(Type or Print) Tobal - 45	AKINO XX	eital 7	8/67	13:30 AM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4	4. USUAL RESIDENCE (Whyfe A. STATE B. COUNT	deceosed lived. If institu	tion: residence before odmission)
	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	ition, give street		ide city limits, write RURA	AL ond give township)
	THE JOHNS HOPKINS H	OSPITAL	D. STREET ADDRESS (If it	rol, give tocotion)	1906
	33		1707 WEST LE	EXINGTON ST	REET
3	MALE NEGRO MA	RRIED (specify)	9-15-09	ost birthdayi 64 Mi	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	South Cowle	n country)	2. CITIZEN OF WHAT COUNTRY?
2	13. FATHERS NAME		14. MOTHERS MAIDEN NAM	E	
2	JUNIUS Formery		MARY ROBIN	ISON	
	15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) Uf yes, give wor or dates of ser		ada Rho	cles	ADDRESS Sauce
5	18. 3 3 / X I	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) CEI	REBROVASCULI	OR ACCIDENT	28 days
3	(This daes not mean the made of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	e.g., DUE TO	· · · · · · · · · · · · · · · · · · ·		
	ANTECEDENT CAUSES	(B)		***************************************	
3	DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tast.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	S OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID injury OCCUR?	(If in Boltimore Cit	y, give exact location)
3	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJU	RY OCCUR?	
2	22. I certify that (1) (this haspital) atten		June 10 19	67 10 JU	ls 8 1967.
	that (L) (we) last sow the deceosed alive	on June 8	19	t in (out) opinion	death occurred on the dote
2	and hour and from the causes stated abo	ve. (H) (We) (did) (did not) vi	iew the body after deoth.		
	23A. SIGNATURE	hertz M.D. AHe	nding Med.	otoff hys.	7/0/1967
3	23C. PHYSICIAN'S NOME (Type)	Phys	3D. ADDRESS	hys. LX	1/0/140/
2	JOHN J. FLAHERTY	M.D.	JOHNS HOPE	INS HOSPIT	AL
3	24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE			own, or county) (State)
	Bunal 7-1167	antaling Cent	_ @	-andel	mex
	JUL 11 1967 P. B	AME OF REGISTRAR	250 FUNERAL DIRECTOR		ADDRESS
	VS 150-REV. 1/1/65	4.5.7.11	Sand Ratio	01/000/	contay a

9-15-62 62

3	67 66	BALTIMORE CITY	HEALTH DEPARTMENT		OP	0044
BIRTH	NO. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	6/	6611
1.NA	ME OF DECEASED	,	2. DATE AND	HOUR OF DEATH	r	
3. PL	OF PRINTS PERSON IT	ene	4. USUAL RESIDENCE (Where			Mence before admission)
EII	LL NAME OF (If not in hospital or institut		MARYLA			X
HC	STITUTION	ion, give sireer	C. CITY OR TOWN (If outs	ide city limits, write RI	URAL ond gi	ive towaship)
0	Church Home x H	naniho	Ballimo	rol, give location)		3-01
3	5	٥٥١٠٠٠	269 N.	OALLAS	ct.	
5. SE		NED, NEVER MARRIED WED, DIVORCED (specify)	6-15-97	AGE (In years of birthday)	II Under 1 Months Do	Yr. If Under 24 Hrs. oys Hours Min.
	SUAL OCCUPATION (Give kind of work 108, KINI furing most of working life, even if retired)					COUNTRY?
6		Know	4 n know		Hm	renices
S. F.	emuel Richardsu	~	72nn 42	1/200		-
15. W (Yes, r	as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		Al	DDRESS
1	/0		Eddie Vu	rvis	S	· Ame
11	133.81	CAUSE O		- 8	ON	TERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cals	on Carcinon Bladder	men met	sto Li	
	This does not mean the mode of dying, nearl foilure, asthenia, etc. II means the dise	e.g., DUE TO	Bladder			***************************************
	njury ar camplication which coused death.)	use,	,			
	ANTECEDENT CAUSES	DUE TO	***************************************			
	DISEASES OR CONDITIONS, if any, gives to the abave couse (A) stoling					
1	JNDERLYING CONDITION lost,					
12	THER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
- L	9A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CO	ONSIDERED ATH?
AL O	TA A CCIDENT' WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give e	exact location)
DIG3	1D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
>	APPROX.)	While At Not While At Work	e 🗀	,		
2	2. I certify that (1) (this hospital) attend	ed the deceased from Ju	ely 23. 19	6710 Ju	15 3	196
t	hat (I) (we) last saw the deceased alive	an 14/2 3				accurred an the dat
a	nd haur and from the causes stated abov	e. (1) (W (did) (did nat) v	view the bady after death.			
2:	SA. SIGNATURE CASTLINATO	M.D. Atte		itoff hys.	7-3	3-67
2	SC. PHYSICIAN'S NAME (Type)	Tan M.D.	23D. ADDRESS CH 4	4.		
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	C. NAME OF CEMETERY OF CRI	EMATORY 24D. LO	CATION (Cit	y, town, or c	county) (State)
13	DUTIAL 17-6-67	MT. Auburn	(cm.	3 Altimore	_	mol
25A.	JUL 11 1967	ME OF REGISTRAL	25C. FUNERAL DIRECTOR	1.1-0		ADDRESS ADDRESS
VS 16	JUL 11 130) ([i0-REV. 1/1/65	Kew E, Youren	1 Chron 0	· Wilson	1000	Domitty Ave
						4

1100 Va Person has Irone and Tales of 10th -Landy and Ball more Church Home a Hospital Indiana o por 19 65-11-9 7 W Memad doren _nonenano Employed. America Sommed Richardson grellsh must Eddie forms Colon Correinson Robitship to children - Grander Collecte (= ly 13 (& ly E ly H+HO OHMERAD marth + 67 model The Versell send of

		BALTIMORE CITY	HEALTH DEPARTMENT		0010
		12 CERTIFICA	TE OF DEATH	Registered No.	67, 6612
	AME OF DECEASED			D HOUR OF DEATH	
(Тур	e or Print) JOHN WILLIET	BRIGHT	TULY	9 1967	1915 A
3. P	LACE OF DEATH IN BALTIMORE, MARYLANI	DRIGHT	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admissio
П			A. STATE B. COUN	0	Y
F	OLL NAME OF (If not in hospital or instit OSPITAL OR oddress or lacation)	lution, give street	C. CITY OR TOWN (IF OU	otilo din limita milio	CITE At and give township)
- 11	NSTITUTION		BALTIMOR		OKAL one give township
21	1 2 /1.			rurol, give location)	3 04
, (Limensity (Dog)			10 1	21202
5. S	EX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
	$m \mid N \mid$	MARRIED (specify)	8/10/18	lost birthdow	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF
done	during most of working life, even if retired)		5. CAROLIA	10	WHAT COUNTRY?
12	GROUNDSKEEPER FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0-5.77
100	A I I I I I I I I I I I I I I I I I I I		MAINER'S MAIDEN NAM	1/	
	Thelve De	usis	Janne Bu	with	
15. \	Was Deceased Ever in U. S. Armed Forces? in no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
	has	security No.	hans of the	3.11	land
	1B. 4	CAUSE C	F DEATH	word	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	warsiii		ONSET AND DEATH
	LEADING TO DEATH	A	SPIRATION L	SUFFERDATIA	MINUTES
	(This does not mean the mode of dying,	e.g., DUE TO	211/1/1/1014	201720011110	
	heart failure, asthenia, etc. It means the di injury or complication which caused death,	93093			4
	ANTECEDENT CAUSES	(B) U	REMIA		149 3 mo.
		DUE TO			
	DISEASES OR CONDITIONS, il ony, rise to the obove couse (A) stoling	giving GH	RONIC GLOMER	RULONFPHRI	775 2 yrs - 3 mo
	UNDERLYING CONDITION lost.	(0/			7
	II				
Z	OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
FIC,		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	2 / WAS PERFORME	D	yes	IN CERTIFING, CA	USES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	mice biogo injust occur?		
U	21 D. TIME (Month) (Doy) (Year) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJ	IIBY OCCIIP?	
MEDI	OF INJURY	While At Not Whi		OR OCCUR:	
-	(APPROX.)	Work Al Work			
	22. I certify that 🏈 (this hospital) atter	nded the deceased from	APRIL	1965 to JU	LY 9 1967
			_		nion deoth occurred an the d
	that (I) (July) lost saw the deceased aliv	(1) (Was did		(), (0), opi	addin decomed on the o
	and hour and from the couses stated ob	ove. (I) (120) (47d) (414-1101)	view the body after death.		
	23A. SIGNATURE		1045 - AA-A -		23B. DATE SIGNED
	Haryll. Wilner	M.D. Att	ending Med. Director	Phys.	7/9/67
	23C.PHYSICIAM'S NAME (Type)		23D. ADDRESS		
		K MD. M.D.	Umiles city.	of Mid Ho:	spetal
24A		24C. NAME of CEMETERY of CR	EMATORY 24D. LO	OCATION IC	ly, town, or county) (Stote)
	REMOVAL (Specily)	n 11.11	1	D'AIIOIT (CI	(Stote)
1	Sun al 7-14-67	Mew Hell Cer	it a see	mosmille	Bolavel.
25A		AME OF REGISTEAR	2SC DINERAL DIRECTOR	. 11	ADDRESS
	JUL 11 1967 R.	Sand La Tanger	JAKOHYCK K	moral /No	- Bennetter. 11e
VS	150-REV. 1/1/65		0000		SC PLM

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24C. FUNERAL DIRECTOR

24B. NAME OF REGISTRAR

VS 151-REV. 1/1/65

12 7011 H FULL Leberter Buckly Hard Anteresting Marky Marky Marky

		Y HEALTH DEPARTMENT		0044
BIRTH NO. 67.	6614 CERTIFICA	TE OF DEATH	Registered Na	67, 6614
M.E. CASE NO. 1. NAME OF DECEASED			AND HOUR OF DEATH	
(Type or Print) Venus Lee		6/28/	67 830m	N
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (WHA. STATE B. COU	nere deceased lives. If in	stitution: residence before admission)
FULL NAME OF (If not in haspital or in HOSPITAL OR oddress or location)	stitution, give street	c. CITY OR TOWN (II	Cylinder City limits, write R	URAL and give township)
12 - 0	10	Bal	limore	230
FSTE THE BALLO.	Hen.	D. STREET ADDRESS	rutta Stat	1
	WARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
temale Colored	Married	4-6-92	75	
OA, USUAL OCCUPATION (Give kind al wark 10B lone during most of warking life, even if retired)	KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Amesula		Ga.		U. J.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME	
Steray montain	1	Keterra 1	Brudley	
5. Was Deceased Ever in U. S. Arroed Farces? Yes, no or unknawn) (If yes, give way or dates of	1 6, SOCIAL	17. INFORMANT	Juney	ADDRESS
Tes, no or onknown in yes, give was or dates of	service) SECURITY NO.	Dud. la So	· Son	116-
18. // 20 / 1	CAUSE	OF DEATH	C section	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	TLY	0. (7, 1 //	ONSET AND DEATH
LEADING TO DEATH	(A)/V	yocardia!	Infaret	2 was
(This does not meen the mode of dy heart foilure, osthenio, etc. It meens the			/	(Pars) according
injury or complication which coused de		150110		
ANTECEDENT CAUSES	(B)	1 2 C V //	**************************************	
DISEASES OR CONDITIONS, if ony				
rise to the obove couse (A) sto UNDERLYING CONDITION tost.	ling lhe (C)			
II.			- 0	
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING A. TO THE	occlusion of H	Feworal A,	
DISEASE OR CONDITION CAUSING IT.		1/6	lays previous	N
19A. DATE OF OPERATION 19B. CONDITI		20 A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare	City, give exact location)
DEATH (natify medical examiner)	etc.)	omeo organi		
W OF INITIES	lour 21E INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?	
(APPROX)	While At Nat Wh			
22. I certify that (I) (this hospital) o			to	19
that (I) (we) last saw the deceased of		19 and		
and hour and fram the causes stoted				mon decin decorred an ine dor
23A. SIGNATURE	abave. (1) (me) (ala) (ala nar)	view the body after death	1•	23B. DATE SIGNED
D 1/1 /to	M.D. A	tending Med.	Staff X	
23 C. PHYSICIAN'S	works Ph	ys. Director 123D. ADDRESS	Phy s.	
NAME (Type)	14.0			
24A BURIAL CREATION CO.	M.D		10CATIC!	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (Ci	ty, tawn, ar county) (State)
Bened 7-3-67	nut Cahan	(aut	Brookly	n
25A. DATE REC'D BY HEALTH DEPT. 25	NAME OF REGISTRAR	25C. FUNERAL DIRECTO	JR /	ADDRESS
JUL 11 1967 6	Leeb E. Jankerting	Olys Old	1000 B	coulley the
VS 150-REV. 1/1/65	7 13 7	9 - 63		

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	004	BALTIMORE CITY	HEALTH DEPARTMENT		CM COAF
BIRT	н но. 67. 661	CERTIFICA	TE OF DEATH	Registered No.	67, 6615
	. CASE NO. AME OF DECEASED	CERTIFICA		NO HOUR OF DEATH	
	e or Print	1LL	2. DATE &	1000 107	2 50
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND			/ / / / / / / / / / / / / / / / / /	tution: residence before odmission)
			A. STATE B. COU	NTY	
	ULL NAME OF (If not in hospital or institution, oddress or location)	give street	C CITY OF TOWN		
- 1	NSTITUTION		BALTIMOR	utside city limits, write RUI	KAL and give township)
1/	6 LUTHERAN HOSPITAT	-	-	rural, give location)	1000
4	6 Collicion II	3		ESTWOOD AVE	
5. 5	EX 6. RACE 7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr., If Under 24 Hrs.
	THE MIDOWELL	DIVORCED (specify)	10-18-01	lost birthdoy	Month's Doys Hours Min.
0A	USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	1- 1- 1-	eign country)	12. CITIZEN OF
	during most of working life, even if retired)		B. It	5. 1	WHAT COUNTRY?
1	0 43 6 50 1) -	ne	DAN IMIL	e ma	U.S.A
3.	FATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
	WALTER LY ding	5	Sophie	. Lowe	nV
5. Ye:	Was Deceased Ever in U. S. Anned Forces? , no or unknown) (If yes, give war or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS
	Vs	212-24-8220	Clauda	4.11	Same
	18. / (A O XI	CAUSE OI	DEATH	///(6	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	2.4	1/10000 11	0.000	ONSET AND DEATH
	LEADING TO DEATH	(A) DIA	BETIC KETU/A	CIDOSIS WITH	3 DAYS
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease,	DUE TO CO	0144		
	injury or complication which coused death.)				
	ANTECEDENT CAUSES	(B)	***************************************		
	DISEASES OR CONDITIONS, if ony, giving	APTI	ERIAL OCCLUS	INN THE	2
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C) /1/5 (I AC ADTIE	DV LGF1	
			1/10 /1010		
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G			
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E			
FIC	19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC				III OZRIII III O OAGS	ES OF BEATH.
U	OR CONTRIBUTING CAUSE OF hom	e, form, foctory, street, of	or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
CAL	DEATH (notify medical examiner) etc.				
HH	21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
\$	(APPROX.) Wh	ile At Not While			
	22. I certify that (I) (this hospital) attended t		6/29	1967 10 6	29 1967
	that (1) (we) lost saw the deceased alive on	6/29	19 67 ond 1		on death occurred on the date
		\ /W-\ / It I\ / It I			on death accorred on the date
	ond haur and fram the couses stated obove. (I 23A. SIGNATURE) (me) (ala) (ala not) v	lew the body offer deoth.		3B. DATE SIGNED
	A	M.D. Atte	nding Med.		6/09/67
	Oscar E. Ferrande		Director	Stoff Phys.	0/29/0/
	23C. PHYSICIAN'S NAME TYPE CAP E TERMA	. 15 1	3D. ADDRESS	11 4 1	
	03471C F1 1 G16147	NDINI M.D.	Lucheron	Howard	
44	BURIAL CREMATION, 24B. DATE 24C.N.	AME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City,	town, or county) (State)
1	Urial 7-5-67 1	TT. Auhurn	Cem.	Battimore	md.
25A	DATE REC'D BY HEALTH DEPT. 258. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	1111 11 1067 A O.O.	2 Farkerna	O a colyn	41() 7V	ilson 20 V+ are
VS	150-REV. 1/1785		0 0 5	1	1

CFOO Ad Bettern MA Wille Horacon Acres Walter Tydings supplied Lowery III Mit should neces-pe-see Bellinge Viere me 7-5 cl PTF Autom leave

BALTIMORE CITY HEALTH DEPARTMENT	
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	BALTIMORE CITY H	EALIH DEPAKIMENT			() my	CO
AFDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Regist	ered No	66
	LAMINI ILIVO	CLIVIIIICAIL				

OP	0040		BALTIMORE CITY HEA				C7 (6616
BIRTH NO	6616 MEDI	ICAL EX	(AMINER'S C	ERTIFIC	ATE OF D	EATH Registe	red No	DOTO
M.E. CASE NO.								
1. NAME OF D	ECEASED WI	LLARD		7 1	2. DATE AND	HOUR PRONOUNC	ED DEAD	
(Type of this	DILL MIT	LIAM	JO	NES	7-6-	67	1	12:14 PM.
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOL	UNCED DEAD	4. USUAL R	ESIDENCE (Where d	leceased lived. If inst	titution: residenc	e before admission
CEKL	It I GOA LOTH	AM		Mary.				
HOSPITAL OR	ADDRESS OR LOCA		7-17-67	C. CITY OR	TOWN (If autside	corporate limits, write	e RURAL ond g	ive township)
1			, _, _,	Balt:	imore		/	X-01
) 948 W.	Lexington Str	eet - A	mb. Crew #1		DDRESS (If rurol,	give location)		
				948 1	W. Lexingt	on Street		
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	If Under 1 Y	Yr. If Under 24 Hrs.
Male	Colored	Marr		MAX	2.1913	54	I VIOLENTS DOY	10013
	CUPATION (Give kind of world			Y 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF
done during most	wastinglife, even if retired)	STA	To it	N.	Camb	ine	U.S	OUNTRY?
13. FATHER'S NA		1 7 3 (3 1 —	14. MOTHER'S	S MAIDEN NAME	N C	-1. 3	/0
11				11	2/1			
15. WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	116. SO CIAL	17. INFORMA	NT		ADDRESS	
(Yes, no or unknow	wn) (If yes, give wor or dote	s of service)	SECURITY NO.	1 1/1		_		4 5
100			237-16-7543	NA	NNIE	Jones	7 (me
18.	2010.		CAUS	E OF DEATH				TERVAL BETWEEN
DISE	ASE OR CONDITION DI	RECTLY	1 19					
/71:	LEADING TO DEATH		(A)	rioscler	otic heart	disease		
heort foilu	s not meon the mode of tre, osthenio, etc. It means	the disease,	DUE TO					
injury of	camplication which coused	dedin./						
	ANTECEDENT CAUSE	S	(8)					
DISEASE	S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S'	NY, GIVING	DUE TO					.01100000000000000000000000000000000000
UNDERL	YING CONDITION LAST.		(0)				A	
8			(C)					
OTHER SI TO THE DISEASE	II IGNIFICANT CONDITIONS	CONTRIBUTI	NG					
E TO THE	DEATH BUT NOT RE	LATED TO T	HE					
19A. DATE	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTO	DPSY7 (Yes or No.)	OB. IF YES, WERE FI	NDINGS CONS	SIDERED
0	WAS PER				1	N CERTIFYING CAU		
ZIA. EXTERN	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 216		f in Britimore City, or	ve exact locoti	an)
O UNDERLYIN	G OR CONTRIB-	home etc.)	, form, foctory, street,	affice bldg., INJ	JURY OCCUR?			
~	TOSE OF DEATH.							
OF INJURY	(Month) (Day) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21 F	F. HOW DID INJU	RY OCCUR?		
(APPROX.)		m. \	WHILE AT NOT	WHILE WORK				
22.			Inspection X Au			. b t	1-1	
		nquiry 🔛		otopsy 🗌		s bosis, deoth in r		
res	ulted from: Notural co	uses X	Accident Suicio			ndetermined mann	er	
ACTU	AL (7)	111	-0		F MEDICAL EX		D	DATE SIGNED
	TURE CULL	U.0	JAL M.D	ASSISTANT	T MEDICAL EX	AMINER X		
	INER'S	a ann	THE ME	ASSOCIAT	E MEDICAL EX	AMINER	7	7-6-67
			INGATE, M.D.		laa a			
23A. BURIAL C REMOVAL (Spec		23	C. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (City	, town, or count	ty) (Stote)
Buri	AL 7-10	=6/	The 145 pm	1 /s/ra	ne la	landall	N. (troline
24A. DATE REC	D BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FU	NERAL DIRECTOR	7	ADD	RESS
	JUL 11 1967	R. D. B	Q In n	14/	1) . Man /	Day Co	LINE L	troo N'C
		Ylober	C. Jakey MA	1001	HIJP I	3,04 24	1117/1	Jac 1
VC 151 DEV/ 1/	1/65		/ / 6 5 1	1 1	1.	V	A !	w '

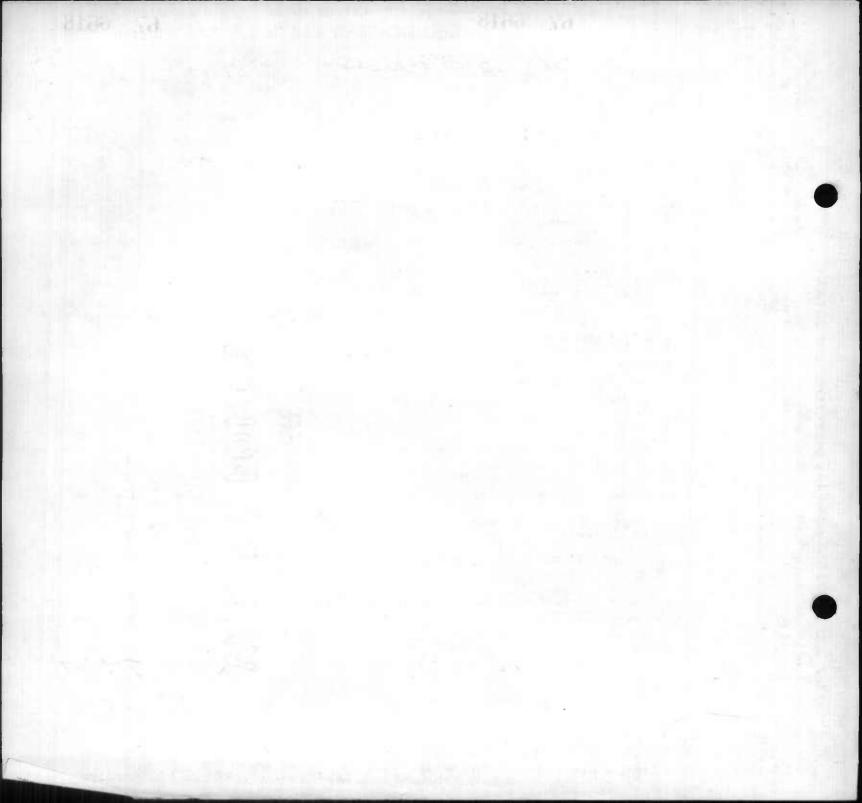
Marriage Record and Social Security Card of Deceased plus Widow's Affidavit 7-17-57 M.H.

16

BIRT	67 H NO.	6617 _{MEDI}	CAL EX	BALTIMORE CITY HEAL CAMINER'S CE	TH DEPARTMEN	TE OF E	DEATH Registe	ered N67	66:	17
M.E	CASE NO.									
1. N (Typ	AME OF DE	CEASED AGNE	S MAK	EN			6, 1967		3:45 P	
1	L NAME OF	(IF NOT IN HOSPITA	4		A. STATE Ma	aryland		אומן		
HO	SPITAL OR	ADDRESS OR LOCA	TION)	THOM, OIVE STREET		vn (If outside altimor	e corporate limits, write	e RURAL ond	give townsh	07
	001	635 Division	Street		D. STREET ADDR		give locotion) ision Stree	t	1	>
5. S	emale	6. RACE Negro		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthday)	If Under 1 Months Do		
		UPATION (Give kind of work working lite, even if retired)	TOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	0	•	12. CITIZEN WHAT C	OF OUNTRY?	
13. F	ATHER'S NAM	AE	7.0		14. MOTHER'S MA	AIDEN NAMI	iwe	W. 3	. /2	
		1. Man			1	in Kno				
		ED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
MEDICAL CERTIFICATION	OTHER SIGTO THE DISEASE OF INJURY (APPROX.)	SE OR CONDITION DIE LEADING TO DEATH not meen the mode of rostherin, etc. It meens mplicotion which coused of ANTECEDENT CAUSES OR CONDITIONS, IF A IE ABOVE CAUSE (A) ST NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT REI RE CONDITION CAUSING FOPERATION 198, CON WAS PERI IL CAUSE WAS OR CONTRIB- ISE OF DEATH. (Month) (Doy) (Yeori	dying, e.g., the discose, deoth.) NY, GIVING ATING THE CONTRIBUTIN ATED TO T IT. DITION FOR V FORMED 218, home etc.)	(A) Rigid Due to (B) Fat DUE TO (C)	Yes n or obout 21C. White bidg., INJURY	rphosis (Yes or No)	of liver 20B. IF YES, WERE FI IN CERTIFYING CAU YES (II in Bnltimore City, gi	NDINGS CON SES OF DEATH	1?	
REA	ACTUA SIGNAT EXAMI NAME (BURIAL CRE 10VAL (Specif	VER'S Charles Type) MATION, 238, DATE	S. Spr	Inspection Aut coldent Suicide M.D. ingate, M.D. C. NAME of CEMETERY of OF REGISTRAR	CHIEF MI ASSISTANT MI ASSOCIATE M	de UEDICAL EXEDICAL EXE	KAMINER	July 7	1y) (Slote)
VS	151-REV. 1/1/	902 1001	Holier		IFIKIN	15-56 M	Dree	end for	sout 1	Ch

S. Caroline A Charles Lines in the second Societ 7-11-67 Swampelle Co. From Mr. Alkins Henrich-General France

BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was b.C.A. at a nospital (except where the physician who pronounced again was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such D.
written approval must be obtained before the remains are embalmed or final disposition is made.

-	67 6	619 BALTIMORE CITY	HEALTH DEPARTMENT		67 6619			
BIR	TH NO. 07.	CERTIFICA	TE OF DEATH	Registered Na	07, 0010			
			2. DATE AN	D HOUR OF DEATH	100			
MRTH NO. MAE CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution, give street of the print of the pri	71	8/17	1300					
				titution: residence before odmission)				
		ANNA M. OTEY AND I be spelled or institution, give sheet OR odders or locologic institution, give sheet OR OTER OF OR OTER OF ORDER ORDER OF ORDER OF ORDER ORDER ORDER OF ORDER ORDER ORDER OF ORDER ORD						
	HOSPITAL OR oddress or location)	ition, give street	C. CIT OR TOWN NO	side city limits, write RI	JRAL and give township			
	TH NO. E. CASE NO. AMME OF DECEASED pe or Print) ANNA M. OTEY PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution, give street oddress or location) INSTITUTION THE JOHNS HOPKINS HOSPITA BALTIMORE, MD 21205 SEX SEX SEX SEX SEX SEX SEX SE	INS HOSPITAL			14-05			
	BALTIMORE, MD	21205		rurol, give location)	1100			
CERTIFICATE OF DEATH Registered No. I HAME OF DISCUSSED I HAME OF DIS								
5.	THE NO. E. CASE NO. NAME OF DECEASED pe or Print) ANNA M. OTEY PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospitol or institution, give street oddress or location) INSTITUTION THE JOHNS HOPKINS HOSPITAL BALTIMORE, MD 21205 SEX SEX S. RACE T. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) DIVORCED A. USUAL OCCUPATION (Give kind of work) FEMALE NEGRO JUNIAL OCCUPATION (Give kind of work) FATHER'S NAME BENJAMIN KIDD Was Decessed Ever in U. S. Armed Forces? S., no or unknown! (If yes, give wor or doles of service) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., host foliure, osthering, etc. lit means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OR CONTRIBUTING CAUSE OF CONTRIBUTING OR CONTRIBUTION CAUSE OF CONTRIBUTION CAUSING II. 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION CAUSING II. 21A. ACCIDENT WAS UNDERLYING WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OF REGISTRAN A. BURIAL CREMATION, 248. DATE BANOVAL (Specify) A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN A. DATE REC'D BY HEALTH DEPT. 25S. NAME OF REGISTRAN	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.				
			0 4 4 7	lost birthdoy)	Months Doys Hours Min.			
102	LUSUAL OCCUPATION (Give kind of work 10 B. KIN	ID OF BUSINESS OR INDUSTRY		gn country)				
dor	ne during most of working life, even if retired)	11	410		A			
12	CERTIFIC CASE NO. CASE NO. WARE OF DECEASED OF PRINT) ANNA M. OTEY ACE OF DEATH IN BALTIMORE, MARYLAND JUL NAME OF (II not in hospitol or institution, give street) OSPITAL OR oddress or locolion) JUL NAME OF (II not in hospitol or institution, give street) OSPITAL OR oddress or locolion) JUL NAME OF (II not in hospitol or institution, give street) OSPITAL OR oddress or locolion) JUL NAME OF (II not in hospitol or institution, give street) OSPITAL OR OSPIT	vone	1764.		N.2 B.			
CERTIFICATE OF DEATH Registered No. 6.1 MAE CARE NO. LIARANE OF DICLASED LIARANE OF DICLASED ANNIA M. OTEY 3. PLACE OF DEATH IN TAXIMORE, MARTLAND TOUR NAME OF MANY MARTLAND THE JOHNS HOPE IN SIMPLIFIED THE REGISTER OF THE SIMPLIFIED THE REGISTER OF THE SIMPLIFIED THE								
			DELLA TYSON					
			17. INFORMANT		ADDRESS			
			5					
	1B. V	CAUSE O	F DEATH					
MECANE NO. MECANE NO. LIAMAN OF DICEASED LIAMAN OF DICEASED LIAMAN OF DICEASED ANNA M. OTEY 3. FLACE OF DEATH IN TALIBADAE, MARTINATOR, give sincer MODITALO M	ONSET AND DEATH							
	LEADING TO DEATH	(A) //	etastile	CA pre	art			
		e.g., DUE TO						
			C. loo in	1. 1. +	22220			
	ANTECEDENT CAUSES	(B)	yun com	un fo	ingirnade			
		giving	1					
		the (C)			220000000000000000000000000000000000000			
N	OTHER SIGNIFICANT CONDITIONS CONTRIB		1	1				
ATIC	TO THE DEATH BUT NOT RELATED TO	o the 1024 hu	yeloma · C	A Ceru	Y			
FIC	19A. DATE OF OPERATION 198. CONDITION		20A. AUTOPSY? (Yes or No		NDINGS CONSIDERED			
N.	WAS PERFORMED		YES	IN CERIFFING CAU	SES OF DEATH:			
U	21 A. ACCIDENT WAS UNDERLYING			(If in Baltimore	City, give exoct locotion)			
AL	DEATH (notify medical examiner)	etc.)						
5	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
			015	67	7/8 6-			
				at in (my) (our) apin	ian death accurred an the date			
	and haur and fram the causes stated aba	ve. (I) (W (did) (did nat) v	iew the bady after death.		- 100			
	23A SIGNATURE				238. DATE SIGNED			
	()Ther of Kore			Phy s.	7/8/6)			
	23 GITHYSICIAN'S		23D. ADDRESS	V.	100			
		N M.D.	JOHNS HOPKI	NS HOSPITA	Al-			
24	A. BURIAL CREMATION, 248. DATE 2				1 400			
		1. 1.	1_	1-	0 h.0			
25	DWA 7-15-6/	Care Cen		Janea	I IIIX			
25	1111 11 10G7 A	B C I	Sugar L.		ADDRESS			
		wy a, valuer Han	the chranes	4/000 CM	untryll			
VS	150-REV. 1/1/65	4						

7/8/67 ALA Metrophia Col breast E pertanded temporal "Hora myeloma : ch corris Seter J. Rosew 7/8/17

	BALTIMORE CITY	HEALTH DEPARTMENT		0000			
BIRTH NO. M.E. CASE NO.	6620 CERTIFICA	TE OF DEATH	Registered No	67, 6620			
1. NAME OF DECEASED (Type or Print) LARRY J. D	AUIS (Lina	3ey 7/	9 167	12:30 AM			
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND C	4. USUAL RESIDENCE (Where	deceased lived. If inst	titution; residence before admission			
FULL NAME OF (If not in hospital or ins	titution, give street	Md. Ba	it.				
HOSPITAL OR oddress or location) INSTITUTION ILLANDERS HAS A MARY	LAND HOSP.	C. CITY OR TOWN (If outs	side city limits, write RL	JRAL and give township)			
UNIVERSITY of MITTEY	MAIND MAST.	D. STREET ADDRESS (If to	urol, give location)	1100			
38		1409 My		VE			
m N "	VIDOWED, NEVER MARRIED (IDOWED, DIVORCED (Specify)	2/3/48	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.			
tOA, USUAL OCCUPATION (Give kind of work 108, done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?			
none	NONE	Md		USA			
3. FATHERS NAME		14. MOTHERS MAIDEN NAM					
William DAVIS		ROSA LING	SAY TE	RREIL			
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NO	SECORITY NO.	Mother		SAme			
18. 4 2 3 X 1	CAUSE O			INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECT	LY	L. C	lure	ONSET AND DEATH			
	LEADING TO DEATH			7 DAYS			
(This does not meen the mode of dyin heart failure, asthenia, etc. It means the	disease.						
injury or complication which coused deat	h.)	HEPATITIO	S	3 WEEKS			
ANTECEDENT CAUSES	DUE TO		,				
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoli							
UNDERLYING CONDITION Iosi.							
OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING HEM	oglobin	5-5	LIFE			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)			
Q 21D. TIME (Month) (Doy) (Year) (Ha	our) 21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
(APPROX.)	While At Work Not While At Work	e		/			
22. I certify that (1) (this haspital) att		6/28	967 to 2	9 19 67			
that (1) (we) lost saw the deceased alive on							
ond hour and from the causes stated a				Tan decili decolled all file de			
28A. SIGNATURE	(1) (10) (010 1101)	new the budy after death.		23B. DATE SIGNED			
Alan Il Mhas	M.D. Att. Phy	ending Med.	Stoff Phys.	2/9/67			
23C. PHYSICIAN'S		23 D. ADDRESS	r ny s. Lae	11/01			
NAME (Type)	Shatrita M.D.	Marinist A	1 Mapulas	IN Maco			
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY , 24D. LE	CATION (City	y, town, or county) (State)			
REMOVAL (Specify)	m+ al.	0.1	Bearle	ms.			
25A. DATE REC'D BY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C FUNERAL DIRECTOR	SUUTKE	ADDRESS			
ulu 1 1 1967 12	NAME OF REGISTRAR	2800 My 10	Joan Ino	Bran Har Ker			
VS 150-REV. 1/1/63	-	- coye we	aux jrull	raning "			

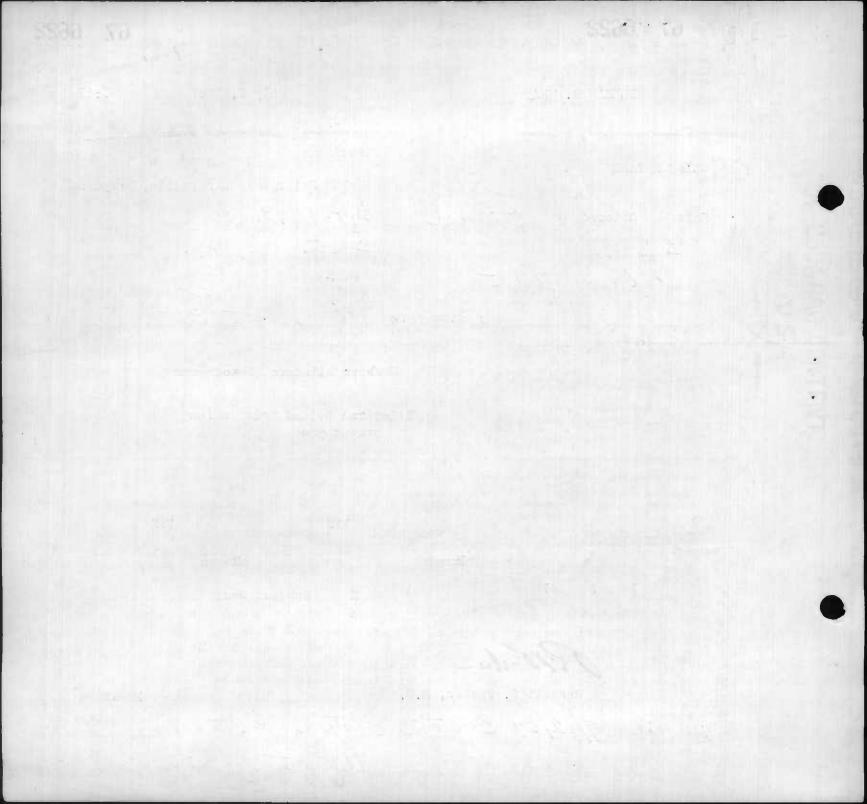
The state of the s DOG WITH PURI vi /n PY 2V/5/2 danking above William Davis Rosa Cindeny Texas Er orante M 2011 temp4r Heaterlabor 5-5

			HEALTH DEPARTMENT		0004			
11	TH NO. 67. 66	S21 CERTIFICA	TE OF DEATH	Registered No.	67 6621			
1, N	DAME OF DECRASED	ane	2. DATE IN	HOUR OF DEATH	1967			
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	pyjou	4. USUAL RESIDENCE AND EN A. STATE B. COUN	e deceased lived. If iven	tution: residence before odmission			
	FULL NAME DF (If not in hospital or institution, give street oddress or location) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RU	RAL and give township)			
36	man Buddiel de		D. STREET ADDRESS (Il rurol, give location)					
5. 5	SEX 6. RACE 7. MARRIED, NEVER MARRIED		B. DATE OF BIRTH 19, AGE (In years I If Under) Yr. If U					
1	emile	WED, DIVORCED (specify)	may 6. 31 1888	79	Months Days Hours Min.			
	. USUAL OCCUPATION (Give kind of work 10B. KIN e during most of working life, even if refired)	Ó OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE .	70.81			
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	uly	ADDRESS			
(Yes	s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	De Alekin	P-000 4/1	2 napola lica			
	1B. 4 20, 01	CAUSE	OF DEATH	popa 76	INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Dic	(Ose molerated)	least Dea	ONSE! AND DEATH			
	(This does not mean the mode of dying, heart failure, asthenia, etc. If means the disc		the land	convertive	V			
	injury or complication which coused death.)	we we	angina &	congestive	money yes			
	ANTECEDENT CAUSES	DUE TD	Jean PHUL	u seu	1 19			
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.							
	11	19 35 15 1						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE						
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	20A. AUTOPSY? (Yes or No.)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?				
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)			
MEDI	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?				
<	(APPROX)	While At Work		111	1/2			
	22. I certify that (1) (this hospital) attended the deceased fram							
	that (1) (we) last saw the deceased alive			at in (my) (aur) apinl	on death accurred an the dat			
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE A.D. Attending (Med. Staff)							
	23C. PHYSICIAN'S 23D. ADDRESS							
	NAME (Type)/E/1JAH	J AUNDERSM.D.	3414 Den	all ave				
244	REMOVAL (Specify)	2 + 1 - 1 to	EMATORY 24D. LO	CATION (City,	town, or county) (State)			
25A	F1111 d d	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	wo Kely	ADDRESS			
	JUL 11 1967 R. C.	5 E, tarberna	Shoy Oldel	car 10001	mant Tyles			
A 2	150-REV. 1/1/65	All the state of t	0/0 0 1					

Achter 1 122

VS 151-REV. 1/1/65

ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CER 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES 21A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? UTING CAUSE OF DEATH. Unknown Unknown 21D TIME 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Doy) (Year) (Hour) OF INJURY WHILE AT NOT WHILE 67 m. WORK Subject shot Autopsy X I certify that I held an Inquiry Inspection and that an this basis, death In my apinian resulted fram: Natural causes Accident Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ACTUAL M. D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Russell S. Fisher, M.D. July 8, 1967 23A, BURIAL CREMATION. 23 D. LOCATION (City, town, or county) REMOVAL (Specify) 24A, DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR



1967

ADDRESS

July 5.

23 D. LOCATION

FUNERAL DIRECTOR

NAME (Type)

24A, DATE REC'D BY HEALTH DEPT.

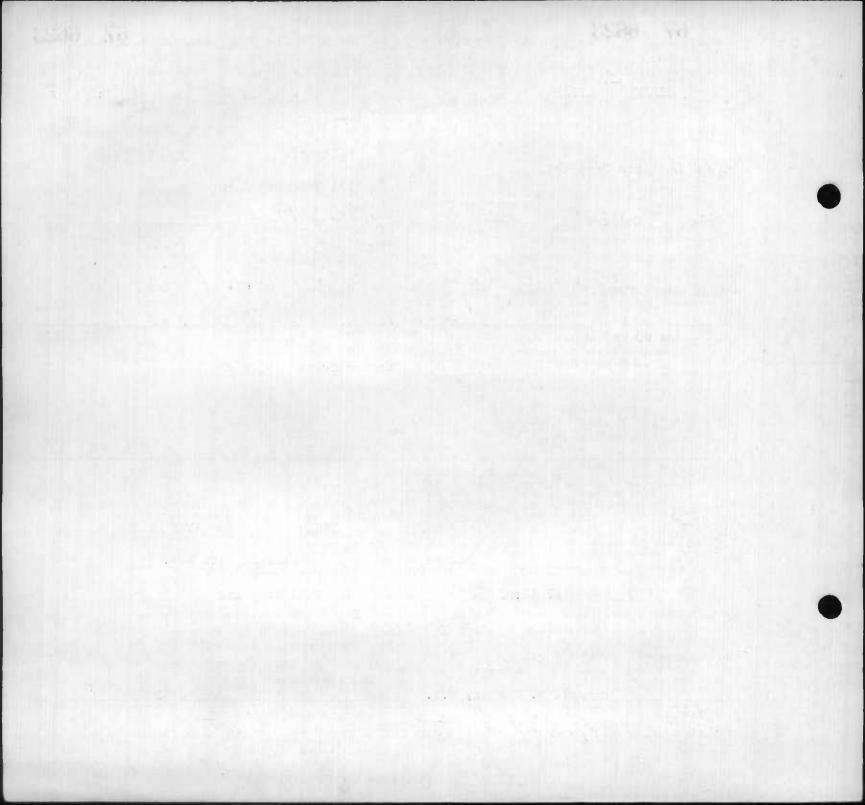
23A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/65

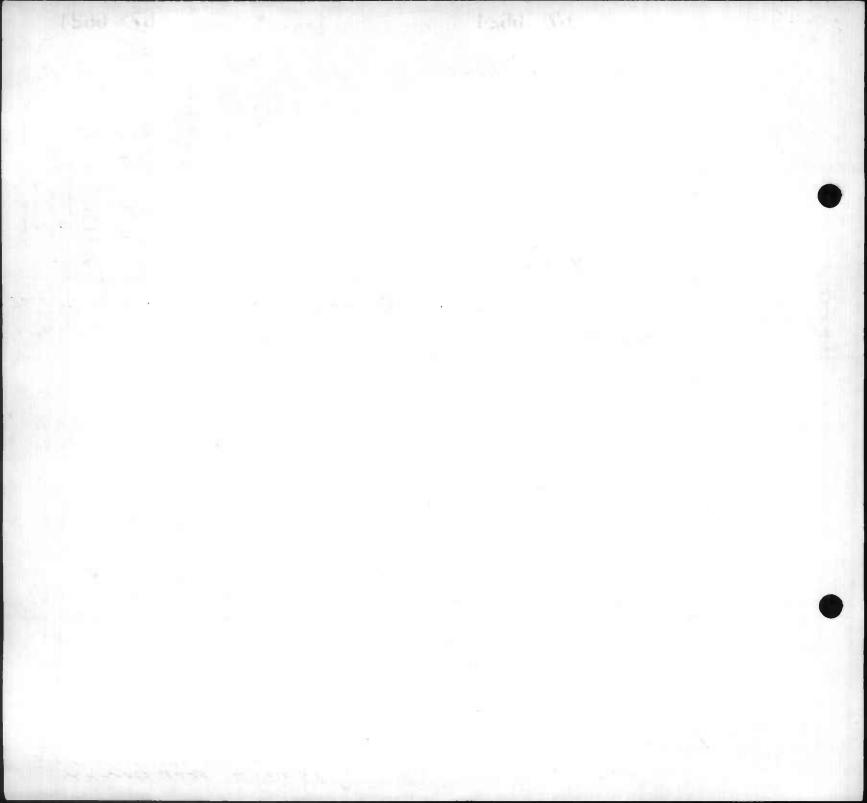
Russell S. Fisher, M.D.

248, NAME OF REGISTRAR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BERTH NO. ODG-4 CERTIFICATE OF DEATH Registrard No. ODG-4 CERTIFICATE Registrary Re	BALTIMORE CITY HEALTH DEPARTMENT	07 0004
S. PACE OF DECENSION S. PACE OF DEATH IN PAINMONE, MARKAND S. PACE OF DEATH IN PAINMONE S. PACE OF STEEL S. PACE OF DEATH IN PAINMONE S. PACE OF STEEL S. PACE OF DEATH IN PAINMONE S. PACE OF STEEL S. PACE OF DEATH IN PAINMONE S. PACE OF STEEL S	CERTIFICATE OF DEATH	67 6624
2. PLACE OF DEATH IN TAILNINGTHE, MARKEAD OF THE STATE OF	1. NAME OF DECEASED) 2. DATE AND HOUR OF DEATH	19:30 A.M.
SOUTH BA LIMOTE GENERAL NEVER SABELY S. SER S. SER S. SER D. STEET D. MARKED D. NEVER SABELY WINDERD D. NEVER SABELY WAS DECREASED BY THE WEST SERVICED SECRET M. S. SCOALT M. S. SCO	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If inst A. STATE B. COUNTY FULL NAME OF (If not in hospitol or institution, give street) Maryland.	24-01
MARTING DEPOSITION CONTINUED DEPOSITION CAUSE OF	Boltimore "	
MOONED INFORCED INFOST. IN USUAL OCCUPATION (Give lined of week) to get the property of the p	S SEY IN BACE IT ANABBIED NEVER MARRIED I DATE OF BETTH ID ACE II WASTE	If Under 1 Yr. If Under 24 Hrs.
13. FAIREY NAME 14. MOTHERS MAIDEN NAME 15. WED DECEMBER 14. MOTHERS MAIDEN NAME 15. WED DECEMBER 14. MOTHERS MAIDEN NAME 15. WED DECEMBER 15. SOCIAL 17. INFORMANT 17. INF	M. WIDOWED, DIVORCED (specify) MANNIEL MANNIE	Months Doys Hours Min.
15. Was Docessed Ever in U. S. Armad Freez's S. Was Docessed Ever in U. S. Armad Freez's SCURITY NO. S. SOCIAL 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. SCURITY NO. 18.		~ / ~ /
Yes, no or unknown fill yes, give wor or dotes of service	Un Known Un Known	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., then the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERTAING CONDITION (B) UNDERTAING CONDITION (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED AND CONTRIBUTING CAUSES OF DEATH? TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING COLUMN (B) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING COLUMN (B) DISEASE OR CONDITION CONTRIBUTING COLUMN (B) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR THE TEST OF THE THE THE DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE DISEASE OF DEATH? TO THE DEATH BUT NOT RELATED TO THE DISEASE OR DEATH? TO THE DEATH WAS UNDERTROOPED TO THE TEST OR DEATH TO THE DISEASE OF DEATH? TO THE DEATH WAS UNDERTROOPED TO THE DISEASE OF DEATH? TO THE DEATH WAS UNDERTROOPED TO THE TEST OR DEATH TO THE DISEASE OF DEATH? TO THE DEATH WAS UNDERTROOPED TO THE TEST OR DEATH TO THE TEST OR DEA	[Yes,no or unknown] (If yes, give wor or dotes of service) SECURITY NO.	
The deficiency ashering, etc. It means the disease, injury or complication which caused death, injury or complication with death and injury or complication of the state of the above cause (A) stating the (C) DISEASES OR CONDITIONS, if any, giving use to the above cause (A) stating the (C) UNDERLYING CONDITION CONNITION (C) TO THE SECULIFY CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT THE DISEASE OR CONDITION CAUSE OF DEATH? 218. PLACE OF INJURY OCCUR? 210. THE SOURCE OF THE DISEASE OF DEATH? 210. THE SOURCE OR CONDITION CAUSING IT THE DISEASE OR CONDITION CONTROL THE DISEASE OF DEATH OF THE DISEASE OR CONDITION COURSE. 210. THE SOURCE OR CONDITION COURSE OR CONDITION COURSE. 210. THE SOURCE OR CONDITION COURS OF DEATH? 211. THE DISEASE OR CONDITION COURSE OR COURSE OR CONDITION COURSE OR CONDITION COURSE OR CONDITION COURSE OR CONDITION COURSE OR COURSE OR CONDITION COURSE OR COURSE OR CONDITION COURSE OR	TE. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN
DISEASES OR CONDITIONS, if any, giving itse to the above cause (A) stoling the UNDERLYING CONDITION tost. Condition Condi	Titles does not mean ine made or dying, e.g.,	
UNDERLYING CONDITION last. Columbitation Columbia Columbia	DUE TO	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UNITED BEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSEOF WAS PERFORMED 104. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 190. COURT OF INJURY OCCUR? 100. DATE HEAD TO THE 190. CONDITION FOR WHICH OPERATION 190. COURT OF INJURY OCCUR? 190. CONDITION FOR WHICH OPERATION 190. COURT OF INJURY OCCUR? 190. THOM TO CO	rise to the above cause (A) stating the (C)	
D 21A. ACCIDENT WAS UNDERLYING OR CAUSE OF CAUSE	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DR CONTRIBUTING CAUSE OF blom, foctory, street, office bldg, INJURY OCCUR? DEATH (notify medical examine) etc.		SES OF DEATH?
While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While At Work Not While Not Work N	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	City, give exect location
that # (we) last saw the deceased alive an	While At Not While	
and haur and from the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE Atonding Med. Director Phys. (23B. DATE SIGNED Phys. (27) 10 -67. 23C. PHYSICIAN'S NAME (Type) N.D. 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D/LOCATION (City, town, or county) (State) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D/LOCATION (City, town, or county) (State) 25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Ch3 - 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) 25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Ch3 - L-STEVENS FUNERAL Ch3 - L-STEVENS FUNERAL 25C. F		ian death accurred an the date
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 12/3 Light Street. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR 125C. FUNERAL	23A. SIGNATURE	23B. DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D/LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 7/12/67 Cedy Hill Canstery Baltimort, Ind. 25A. DATE REC'D BY HEALTH/DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles L, Stevens Funeral Hears, Inc.	23C. PHYSICIAN'S NAME (Type) All 22 - 1	7-70-07.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles L, STEVENS FUNCTURE HOME, FAC.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D/LOCATION (City	, town, or county) (Stote)
	Buyla 1/12/47 Cedy-HillCenslery BalTimer- 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR -	ADDRESS THE
		HANGANA.



BIRTH NO. 67.	662)	HEALTH DEPARTMENT		67. 6625			
M.E. CASE NO. 1. NAME OF DECEASED	a a l a s m		2. DATE	AND HOUR OF DEATH	24.0			
. ATTAIL DI		Blackford		10-1967	4 4			
FULL NAME OF (If not in hospital	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission a. STATE B. COUNTY Maryland				
HOSPITAL OR oddress or location			Baltimore	outside city limits, write	RURAL and give township)			
5/01 Leithwalk	5701 Leithwalk Road			D. STREET ADDRESS (If rurol, give location) 5701 Leithwalk Road				
S. SEX 6. RACE	Marr:		1-26-1897	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.			
don-during most of working life, wen if relyed to the transfer of the transfer	Bet]	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?			
John Blackford			14. MOTHER'S MAIDEN					
15. Was Deceased Ever in U. S. Armed Fa	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give wor or dot			Mrs. Grace	Blackford	Same			
18. / 8/.0		CAUSE O	F DEATH	11	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DE		Co	Currence - ON	ONSE! AND DEATH				
LEADING TO DEATH			La M	Bladder	7 means			
(This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,			notasin	ais				
injury ar camplication which caused death.)			1-000000					
ANTECEDENT CAUSE	ANTECEDENT CAUSES (B)							
DISEASES OR CONDITIONS, if any, giving								
	rise to the above cause (A) stating the (C)			***************************************	***************************************			
E TO THE DEATH BUT NOT REL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NOW.				No.			
19A. DATE OF OPERATION 19B. COL				No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 E hor etc	ne, form, factory, street, a	n or about 21 C. WHERE DIE ffice bldg., INJURY OCCUR	(If in Boltimore	e City, give exact location)			
O 21D. TIME (Month) (Dov) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
OF INJURY		hile At Not Whil	hile					
(AFFROA)	W	ork L At Work						
22. I certify that (I) (this he spita	+) attended	the deceased from	1-26	1961 to 7	- 10 19 6			
	that (1) (we) last saw the deceased alive an 7-10 19 57 and that in (my) (ew) aplnian death accurred an the da							
and haur and from the causes sto	ited abave. (1) (#4) (did) (did not) \	riew the bady after dear	th.				
ZJA. SIGNATURE	23A. SIGNATORE			Stoff	7-10-67			
Hen Ist	Fee alstern M.D. Atte			Stoff Phys.	7-10-01			
23C. PHYSICIAN'S NAME (Type) Dr. Leon Ashman M.D. 5907 Gwyn Oak Aveneu								
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		AME of CEMETERY OF CR			ty, town, or county) (State)			
Burial 7-12-	1967	Loudon Park		Baltimore,	Md.			
25A. DATE REC'D BY HEALTH DEPT.	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	TOR P. Cara-	Co ADDRESS 2127			
JUL 11 1967	R.P. B	E. FarberMa	n. W. Jen	905 York Ro	ad Balto., Md			
VS 150-REV. 1/1/65	Justan	7 1 1	144	1				

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H:	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	BI 1. (T
	a hospite cause of se; (5) De ndance to death	3.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	13 15 (Y
	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.	do
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OR.	assi if th ny k ny k ed a dana dana	-
FUNERAL DIRECTOR: IMPORTANT	Also, re of al nounce attendimed o	
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5	by children (1) Bo children th	TORD
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	nis como possible pos	25
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	CARN	0000		HEALTH DEPART	MENT	1.0	67.	662	26
BIRTH NO.	67	6626	CERTIFICA	TE OF DE	ATH	Registered No	07.	UUL	.0
A.E. CASE NO.	FASED					D HOUR OF DEATH			
Type or Print)		Clarend	ce Haughton	2.		7 9, 1967		1:45	A
PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE	B. COUN	re deceased lived. If in In Lorida	stitution: leside	ence before	odmission)
HOSPITAL OR	of (If not in hospitol oddress or locotion.ic Health Ser	n)		C. CITY OR TOWN		tside city limits write I	RURAL and give	ve township)	ì
	man Pk. Drive			D. STREET ADDRE	SS (If	rural, give location)	-	-00	-00
28		I=				42 Jacobson			
M	6. RACE	Single		1/5/11		9. AGE (In years lost birthdox)	If Under 1 Months: Do	ys Hours	Min.
	UPATION (Give kind of wark warking life, even if retired)		BUSINESS OR INDUSTRY	Florida	tote or fore	ign country)	12. CITIZEN WHAT	OF COUNTRY? USA	
3. FATHER'S NA	A A F	500	71 GT CT	14. MOTHER'S MA	UDENI NIA	AAP			
	bert Haughtor).			Wells	ME			
5. Was Deceased les, no at unknown	Ever in U. S. Armed For n) (If yes, give wor or date	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ds. US	S PHS Hospit		to. Md	1.
no			261-05-4983				,	,	
18. / 6	3 X I		CAUSE O	F DEATH				ERVAL BETY	
DISEA	SE OR CONDITION DI	RECTLY	Com	cinoma of	100+ 1	lama with		SET AND D	
	LEADING TO DEATH		(A)	CINOMA OI .	reit.	rong wren		2 yrs.	
hearl failure,	heart failure, asthenia, etc. It means the disease,				metastases				
	ANTECEDENT CAUSES 18)								
rise to th	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.							***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
O THER SIGN	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
-	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			^{20 A.} AUTOPSY?		208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	N SIDERED	
OR CONTRIB	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or ob or CONTRIBUTING CAUSE OF home, farm, factory, street, office blacket.)					tlf in Baltimore	City, give es	soct location)
21D. TIME					V DID INJ	URY OCCUR?			
APPROX.		le							
22. I certify	22. I certify that (1) (this hospital) attended the deceased fram Apr. 26 1967 to July 9 1967.								
that () (we) last saw the deceased alive an July 9 1967 and that in (my) (our) apinian death accurred an the date									
	d from the causes sta	ted abave. (1)	(Me) (qiq) (qiq) day)	riew the bady afte	er death.				
23A. SIGNATI	23A. SIGNATURE						23B. DATE S		
	M.D. Attending Med. Stoff Phys.						7/10)/67	
23C. PHYSICIA NAME I Henr		A Surg (- 0	23D. ADDRESS		tal, Balto,	Md.		
4A. BURIAL CRE	EMATION, 248, DATE		ME of CEMETERY OF CR				ty, town, or co	ounty)	(Stote)
Remov	ral 7/11/1					ytona Beach	, Flori	da	
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	E Farley MA	71/m A	Jan.	bun as the	moh	also	iloa
S 150-REV. 1/17	ALL THE PARTY	ALONG THE		0 6		3			

Sold NO 1 2 She Edward Teather Tollates MURYLAND GENERAL HOLDING BALTIMORE" 4002 Belwert Am Male White 1/30/20 47 Justink, W Maryland Carpenter 41811 Christina Leans Paul Trathner were a mentional absorber. 5 200.5 RLL Patternentie Circles Person ENGLISH WASHINGTON YOUR Mens Poland Are yell Filler Rethal duly 57 to duly is 77/10/15 the region of the receipted and impaced

8:15 1967 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY (If autside city limits, write RURAL and give township) 1000 S CATON AVE(JENKINS HOSPIT (f Under 24 Hrs. If Under 1 Yr. Months! Days 12. CITIZEN OF WHAT COUNTRY? USA CATHERINE FITZGERALD ADDRESS ST AGNES HOSPITAL/CATON & WILKENS INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 607/10/ond that in 💢 (our) apinian death accurred on the dote 23 B. DATE SIGNED 07/10/67 BALTO., MD. AGNES HOSPITAL-CATON & O.A. deceased written ap shows: (1) the body ď Buria emetery MOS 25A. DATE REC' 25C. FUNERAL DIRECTOR Balto. Md. 21214 VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

IMPORTANT FUNERAL DIRECTOR: BIRTH NO.

and the state of t The Year 120 385 VIV.10/12 Elenia atom sinds .v CHARRELLINE FOR THE FALLO MERSEN 3 91 11 18 220 46 STOT ST WHEE HOSPITALION TO WHITE ELANG

BALTO., PE. 21229

Ory	CCOO BALTIMORE CITY	HEALTH DEPARTMENT	1	67 6629
BIRTH NO. 67.	CERTIFICA	TE OF DEATH	Registered Na.	07. 0020
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	-/ //
(Type er Print) Barnes, Mai	je bertrua		:45 pm	on//10/61 M
3. PLACE OF DEATH IN BALTIMORE MARYLAN	D	A. STATE B. OUNT		litution: residence before odmission)
FULL NAME OF (If not in hospital or inst	itution, give street	Md. Bax	texpresses	decentracy Dulla Co.
INSTITUTION / / ~	· in/ 1/ -/	C. CITY OF TOWN (IT exis	2000 25	JRAL end giv tewnship) 1234 53-00
Hy union Hem	norial Hospita	D. STREET ADDRESS (II)	upl, give location)	11
	V	77360	everly	HUE.
5. SEX 6. RACE 7. M.	ARRIED NEVER MARRIED DOWED, DIVORCED (specify)		AGE (In yeers	If Under 1 Yr. If Under 24 Hrs. Menths Deys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kind one during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
Housewite		Mary	land	U.S.
13. FATHERS NAME O	Rausch 1	14. MOTHERS MAIDEN NAM	IE -	
Frederick to	CAXXXXXX	Nanat	te Ave.	
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates at s	ervice) SECURITY NO.	17. INFORMANT		ADDRESS
No	213-18-2069	Mrs. Audrey	Greenwood	(Same)
18. 7.33./1	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		anding A	rrest	
(This does not mean the mode of dying		erciae in	1236	
heart failure, asthenia, etc. It means the dinjury or complication which caused death		ctio	Heart Fair	/
ANTECEDENT CAUSES	(B)	ngestive	Teart rail	WC
DISEASES OR CONDITIONS, if ony,	giving	tral E.b. 11	17	
rise to the above couse (A) stelling UNDERLYING CONDITION lost.	g the (C)	CICAL PROPERTY	V 18	
11		730		
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE			
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes er No)	208 IE VEC WERE EI	NDINGS CONSIDERED
198. DATE OF OPERATION 198. CONDITION WAS PERFORME		A CO	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, fectory, street, of	er ebout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimere	City, give exact location)
0	etc.)			
S OF INJURY	while At Not While	21F. HOW DID INJU	IRY OCCUR?	
(APPROX)	Work At Work	2/6	13	7/10 /7
22. I certify that ((this hospita) atte	-2 /	1/8/1	9 6 10	196
tha (1) (we) last saw the deceased ali			t in (my) (aur) apln	ian death accurred an the dat
and haur and fram the causes stated at	pave(I)(We) (did) (did nat) v	iew the body after death.		23 B, DATE SIGNED /
18400 (1/110	hanna M.D. Atte	ending Med.	Stoff	7/10/17
23C-PHYSICIAN'S	Merrel Phy	s. Director 23D. ADDRESS	Phys.	1/10/0/
NAME (Type)	SMAN M.D.		ion Memors	ial Hosp.
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CRI			, town, or county) (State)
REMOVAL (Specify)	Moreland Mem.		Baltimore	4. 1
Burial 7/13/67 25A. DATE REC'D PAY HEALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Duconone	ADDRESS
201 II 1901 (19)	sent & stanleyma	Leonard J. R	luck, Inc.	Balto.Md. 21214
VS 150-REV. 1/1/65		0 0 0 0		

Burnes Have bertrude 8 44 pm mills Md. Bultimore Geting Union Hemorial Hazotal Bultimore :: 7736 Beverly Ave 10-27-93 73 Maryland US Frederick Housh Nanatte Aver Cardiac Arrest Congestive Hear Failure Atrial Fibrillating-D/O

VS 150-REV. 1/1765

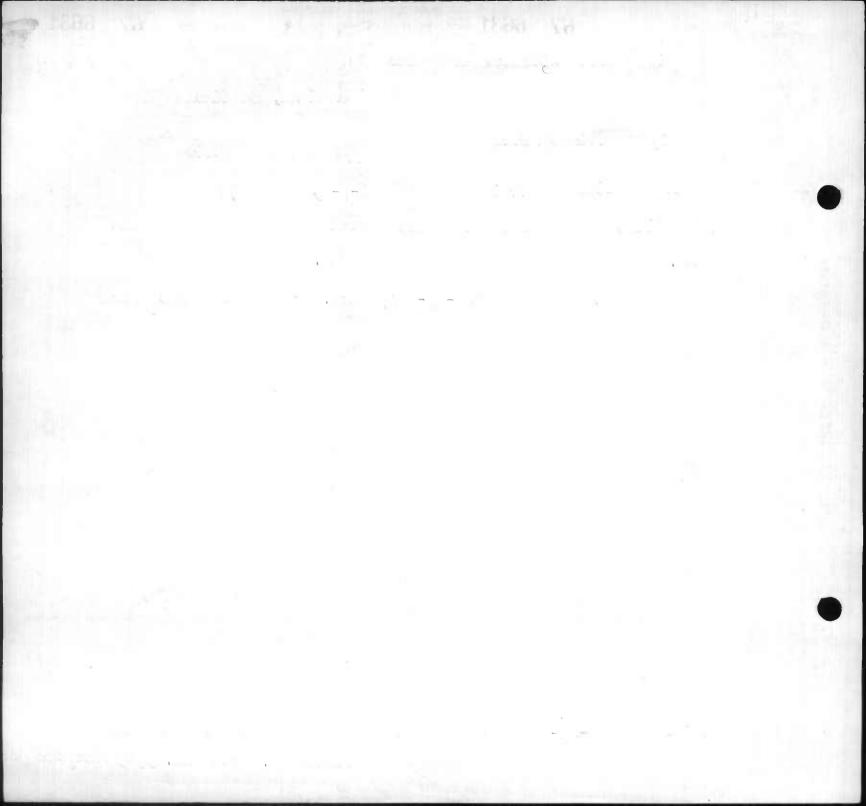
	ON CCOO BALT	IMORE CITY	HEALTH DEPARTMEN	NT	0000
	RTH NO. 67, 6630 CER	TIFICA	TE OF DEAT	H Registered Na.	6/ 6630
1	A.E. CASE NO. NAME OF DECEASED		2. DA	TE AND HOUR OF DEATH	1
	ARTHUR C. MEEKINS			7-10-67	8:37 AM M.
3	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE A. STATE B.	(Where deceased lived. If i	institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street oddress or location)		MARYLAND c. City Or TOWN	416	DANDA (
	INSTITUTION			(it outside city limits, write	AURAL and give township)
	THE JOHNS HOPKINS HOSPITAL		D. STREET ADDRESS	(II rurol, give location)	
	23			TON AVENUE	
5	6. RACE 7. MARRIED, NEVER MAI WIDOWED, DIVORCED		B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
	MALE WHITE MARRIED DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS Cone during most of working life, even if retired)	R INDUSTRY	12-08-18 11. BIRTHPLACE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY?
	Personel Director St. Agnes Hos	pital	Baltimore	Maryland	USA
II'	Austin V. Meekins	•	Edna E. Cr		
1	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURIT		17. INFORMANT		ADDRESS
	No unknow		Dorothy R.	Meekins	Same
	18. 4. / O X I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
V	DISEASE OR CONDITION DIRECTLY	1	1. 1. 1.	01	2
	(This does not mean the mode of dying, e.g.,	DUE TO	o-pumonar	y raijure	J. Weeks
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	na '		1.11/	. 10
	ANTECEDENT CAUSES	(8) / 91 th	el and Horn	tic Valve dise	ase 10 years
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	10 Rhe	umefic to	ever	20 years
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	diac 1	Tirrhocis		
11.9	19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPER	ATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED
	6-1-61 April + Mitral Value	Replum	rent		NO
	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF I	NJURY (e.g., in ory, street, of	fice bldg., INJURY OCC	DID (If in Boltimo	ore City, give exact locotion)
111	21D. TIME (Month) (Dov) (Year) (Hour) 21E INJURY OC	CURRED	21F. HOW DI	D INJURY OCCUR?	
	OF INJURY (APPROX.) While At Work	Not While		the same of the sa	
	22. I certify that (I) (this haspital) attended the deceased		5-28	1967 10 7-	10 1867
	that (1) (we) last saw the deceased alive an	10	1967 .	and that in (my) (artif ap	olnian death accurred on the date
	and haur and from the causes stated above. (1) (1) (did)	(did nat) v		,	
	23A. SIGNATURE				23B. DATE SIGNED
	h.C. Parks MD	M.D. Atte	mding Med. Director	Stoff Phys	1-1067
	23C. PHYSICIAN'S NAME (Type)	1	23D. ADDRESS	1 - 1,	D // h-/
	Leon C. Parks	M.D.	Vehrs Hor	okins Hosp	Betty Md
2	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM REMOVAL (Specily)	ETERY or CRE	MATORY	AD. LOCATION	City, town, a county) (State)
J	Burtal-67 7.13.67 Moreland	Memori	al	Baltimore Mar	yland

Leonard J.

Ruck Inc. 5305 Harford Rd. 21214

freezence exercises and another appears susay" at and it arriand . V miles and the second seconds. office and the self of the sel

	2004	SALTIMORE CITY	HEALTH DEPARTMENT		63.10M	0004
1	H NO. 67 6631 (CERTIFICA	TE OF DEATH	Registered Na	67	6631
1,1	ame of Diceased Vincent Vincenzo Ma	razzano	2. DATE AND	- 67		8.00 P.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	- 00	4. USUAL RESIDENCE (Where A, STAJE & B, COUNT	V		e before odmission)
	FULL NAME OF (II not in hospital or institution, give stre	eet	Maryland, E	Batlimore (ity	
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If outs	ide city limits, write RU	RAL ond give	township)
	2503 Albion Avenue		D. STREET_ADDRESS / (If u	prof give location)	-1-	0/
0	0		3711 Parksi	de Drive		
5.	Male 6. RACE 7. MARRIED, NEVER MUDOWED, DIVO		8-4-95	AGE (In years ost birthday)	If Under 1 Yr. Months Doys	II Under 24 Hrs. Hours Min.
dor	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN Open il retired) Bethlehen		11. BIRTHPLACE (Stote or foreign Italy	n country)	12. CITIZEN O	
13.	FATHERS NAME Unk.		14. MOTHER'S MAIDEN NAN	E		
(Ye	Was Deceased Ever in U. S. Armed Forces? 16. SO 2 5E	CIAL CURITY NO. 7619	17. INFORMANT Mrs. Jessie	Morazzano	Same	
	1B. et 20 / 1	CAUSE OF		. 0 -		AL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	duit	i llyocardio	Je may	611	
	(This does not mean the mode of dying, e.g.,	DUE TO	n acto carrendo	90.0.0		
	heorl foilure, osthenia, etc. It meons the diseose, injury ar camplication which coused death.)	Conso	usin asterio	sclerojus		
	ANTECEDENT CAUSES	DUE TO	way where	3CWW)01	0000 - 0A4450 000 0000 0000	
	DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoting the	(C)				
	UNDERLYING CONDITION loss.	()		10 10 10 10 10 10 10 10 10 10 10 10 10 1	_	
VIION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pului	nory Eu	physeur	u_	
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No)	208. IF ES, WERE FILL IN CERTIFYING CAUS	NDINGS CONS	NDERED ?
CAL CE	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE home, lorm, etc.)	OF INJURY (e.g., in loctory, street, of	or obout 21C. WHERE DID	(If in Boltimore	City, give exec	t locotion)
03	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJUR	Y OCCURRED	21 F. HOW DID INJU	RY OCCUR?		
2	(APPROX.) While AI	Not While				
	22. I certify that (I) (this hospital) attended the dec	eased fram	1-5	6) 10 7-		19.6. 7.
	that (I) (we) last saw the deceased alive an	7.5	19 6 7 and tha	t in(my) (aur) aplni	an death acc	urred an the date
	and haur and from the causes stated etave. (1) (We)	(did) (dld nat) v	iew the bady after death.			
	23A. SIGNATURE CONTINUE SUN		s. Director	Siolf Phys.	7 - 9	-67
	NAME (Type) SEBASTIANRI)550 M.D.	5017 AG	reford R	19	
	Willast Specify 7-13-67 Dula	rey Valle	0	ritimore M	0	
25	DATE REC'D JULEATT 19967 Fil. LAME OF REGI	taileuna	259. FUNERAL DIRECTOR Leonard J.	Ruck Inc.	5305 4	Penford R
vs	150-REV. 1/1/65	1 3	0 0 1			



VS 150-REV. 1/1/65

		CM	COOO BALTIMORE CITY	HEALTH DEPARTMENT	. / 1	
BIRTH	NO,	01	6632 CERTIFICA	TE OF DEATH	Registered No.	67 6632
	ASE NO.		CERTIFICA			
(Type	or Pont)	ESSE MILT	TON MCGRAW	7	9 67	6:00 A M.
3. PLA	CE OF DEATH IN BA				here deceased lived. If in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)		titution, give street	MARYLAND	<u> </u>	9.9.6
	TITUTION	AGNES HO	SPITAL	GREENHAVE		RURAL and give township!
1		KENS & CA			(If rural, give location)	
	/	TO 29 MD		RT 3 BOX	303 205 ST	
5. SEX	ALE WH	W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify)	B. DATE OF BIRTH 04 23 09	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. U.	SUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
done du	TRUCK DRI	VER (retired)	TRANSPORTATION	0110		U.S.
13. FA1	THER'S NAME			14. MOTHER'S MAIDEN N	AME	
	CLEVELAND	McGRA	W		Sizzel	
15. Wa	s Deceased Ever in U. orunknown)(If yes, gi	S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
nB	or unknown/(ii yes, gi		302-03-660B	ST AGNES H	OSPITAL RE	CORDS
18.	4201	1	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
		NDITION DIRECTL	Y M	1.01)	T	ONSET AND DEATH
4.7		TO DEATH	(A) /1/4	ocardial the	fore has	
	his daes not mean east failure, asthenia,				U	
in	jury ar camplication	which caused death	1.)	SRUD		
	ANTECED	ENT CAUSES	(B)			
	ISEASES OR COND					
	se Ia Ihe abave NDERLYING CONDII		ng lhe (C)	***************************************		
		11				
Z o	THER SIGNIFICANT C	ONDITIONS CONTI	RIBUTING			
E 10	O THE DEATH BU	JT NOT RELATED				
19	A. DATE OF OPERATIO		N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC N		WAS PERIORIU		YES	IN CERIFFING CA	DSES OF DEATH!
U 21	A. ACCIDENT WAS U	AUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
U	ATH (notify medical e	xominer)	etc.)			
W OF	D. TIME (Month)	(Doy) (Year) (Ho		21F. HOW DID I	NJURY OCCUR?	
	PPROX.)		While At Work At Work			
22	. I certify that (X)	this hospital) atte	ended the deceased fram	7 3 67	19ta	7 9 167
1	at (X (we) last saw		7 0			nian death occurred an the date
			bave. (We) (did) (did nat) v			and desired an indicate
	A. SIGNATURE	Couses stated a	bave. (ara) (ara har) v	lew the body after death	1.	23B, DATE SIGNED
	100	man So	M.D. Atte	nding Med. Director	Stoff	2/9/67
231	C PHYSICIANS	Vigo V		S. Director 23D. ADDRESS	Phys. 2	1////
23	NAME (Type)	1 0 (1 - /	O // `		_ //
	treong	ie S. A	ATRICK M.D.	BALTIMOR	2	ma.
R	EMOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY OF CRE			ty, town, or county) (State)
Bu	rial	7/15/67	Worlegs Run Cem		cioto, Co.	Maryland
25A. D	ATE REC'D BY HEALT	TH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECT	21/	
		11 1967 W	O. F. S. Stalley Ma	Singleton F		Glen Burnie, Md.

MARYLAND

MARYLAND

MILKENT & JATUA

MILKENT & JATUA

MULE WHITE HARRIES

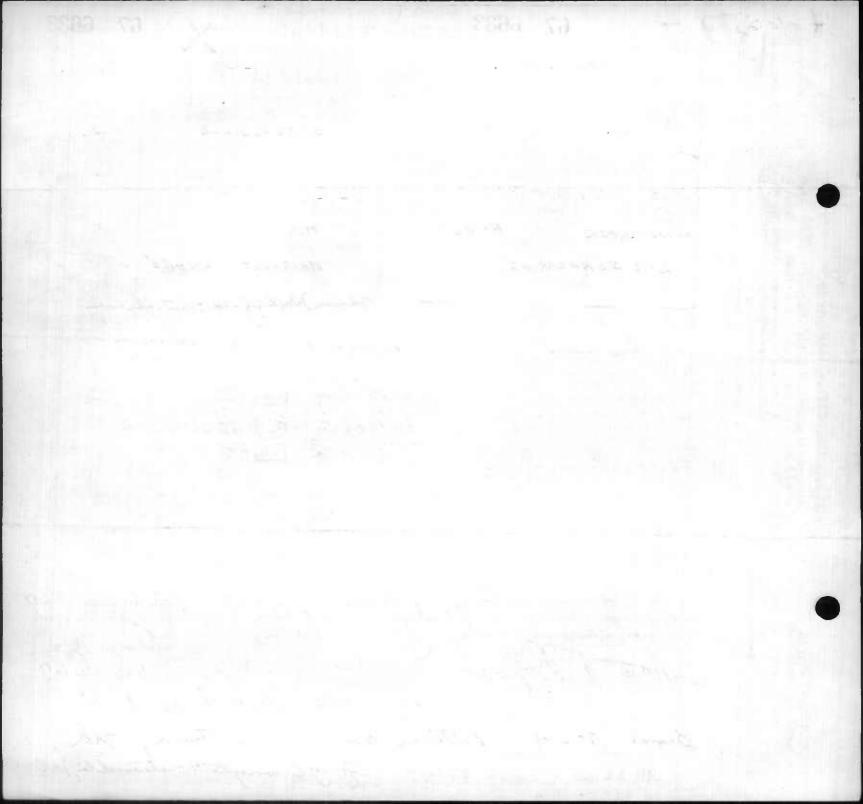
TRUCK DRIVER TRANSPORTAYION OF S

CLEVELAND

SLEVELAND

AT AGREE HOSPITAL RECORDS

		000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	67.	663	CERTIFICA	TE OF DEATH	Registered No.	67 6633
M.E. CASE N			CERTIFICA			
Type or Print		Ada C		2. DATE	AND HOUR OF DEATH	
0 BLACE OF	Harding,			The state of the state of the	7-9-67	3:30 P. N
FULL NAM		or institution,	give street	1409 Midva	le Rd. 2122	1000000
HOSPITAL INSTITUTIO	N .					RURAL and give township)
40	St. Agnes I	nospical			(If rurol, give location)	53-00
5. S EX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 Hrs
Fema]		Widow		12-19-86	lost birthdoy)	Months Doys Hours Min.
	OCCUPATION (Give kind of work ast all working life, even il retired)			11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	SEKKEPEK	No	ME	MD.		
3. FATHER'S	-			14. MOTHER'S MAIDEN N	AME	
	LOIS SCHWEAT	RING		MORGA	RET WOL	FE
5. Was Dece	osed Ever in U. S. Armed For nown! (III yes, give wor or dote	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
163,110 07 01111	nowhith yes, give wor or dole	2 OI SEIVICE	SECURITY NO.	Thomas) took	ing - 1409)mi	Inleave
18.	44/1/2		CAUSE O	F DEATH		INTERVAL BETWEEN
	SEASE OR CONDITION DIE	ECTLY.	P	0 0 /	1	ONSET AND DEATH
	LEADING TO DEATH	CCICI	101	Delleral 1/A	ALILAN PAR	ideat
(This do	es not mean the mode of	dying, e.g.,	DUE TO	covery you	unar mi	susery
heort foil	lure, osthenio, etc. It meons	the diseose,	. ^			
injury of	complication which coused	deoth.)	the state	ON LONGIMA		
	ANTECEDENT CAUSES		DUE TO	Duracon		
DISEASE	S OR CONDITIONS, if	ony, giving	5/17	- 1 +	1/././	
rise to	the obove couse (A)		(C) / //	rioscleralec	Nechrosol	roped
UNDERL	YING CONDITION lost.				// //	
E TO TH	SIGNIFICANT CONDITIONS C	TED TO TH		rimia	V	
	OR CONDITION CAUSING I		WHICH OPERATION	20A. AUTOPSY? (Yes or	Not 208 IF YES WERE	FINDINGS CONSIDERED
19A. DAT	WAS PERI		WHICH OF EXAMON	10	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONT	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notily medical examinent	21 B hom etc.	ne, form, foctory, street, ol	or obout 21 C. WHERE DID	(II in Boltimo	re City, give exact facation)
□ 21 D. TIM		(Hourt 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
OF INJUI			ite At Not Whil			
IAFFROX		Wo	rk L At Work			1
22. I cer	rtify that (1) (this hospital) ottended t	he deceased from	une	1967 10 9	Huly 19 67
that (1)	(we) lost sow the decease	d olive on	9 Suly	19 67 ond	/ /	inion death occurred on the do
			/			
	r and from the couses stor	led above. ((We) (did) (did/not) v	iew the bodyfotter deot	h.	
23A. SIGN	ATURE					23 DATE SIGNED
11/1/	lidan 1. 1	Prina	M.D. Alle	ending Med.	Stoll Phys.	11. 11/11/27
	SICIANS	gredy		23D. ADDRESS		11 Sunga
NAN	AE (Type)	0	M.D.	H605 62	mandras	2 aus
4A. BURIAL	CREMATION, 248. DATE	24C. N	AME of CEMETERY or CRI	MATORY 24D.	LOCATION	City, town, or county! A (State)
Be	wish 1-13 4	7	Bettemore	Com.	Bellenn	~ md
SA. DATE R	EC'D BY HEALTH DEPT.	258. NAME (OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
	IIII 11 1007 A	0.158	Fr. On Ma	Talog Com	marghoth (Catorivilla mo
'S 150-REV.	MAY - INC.	The Contract	A drawing and	6 6)	1, 4.



VS 150-REV. 1/1765

S. Sharpman

60 of 10

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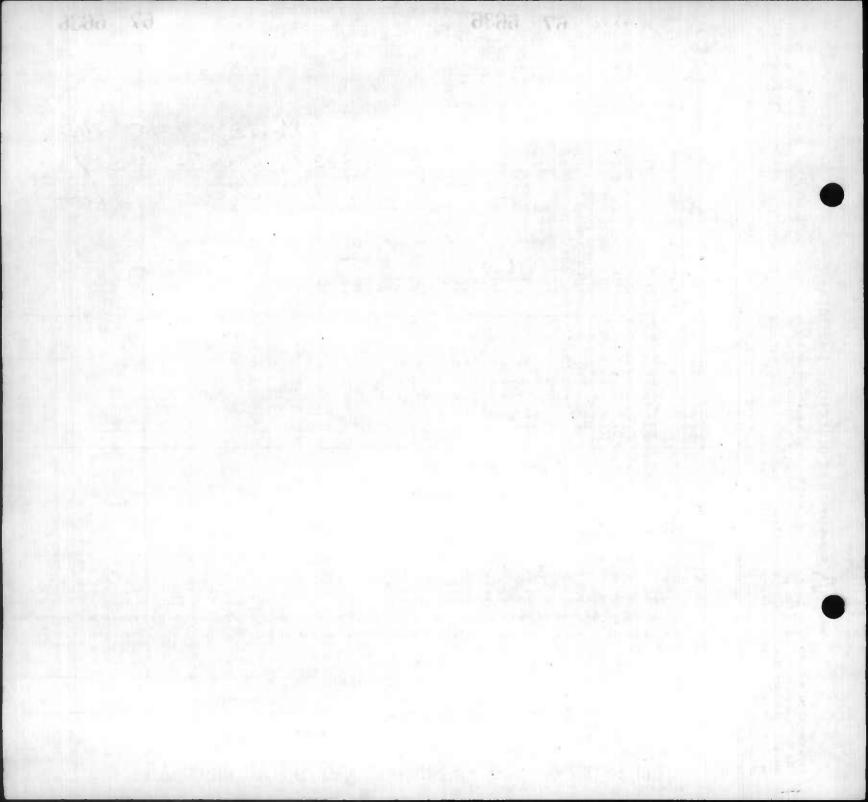
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT		الموم المد
M.E. CASE NO.	635 CERTIFICA	TE OF DEATH	Registered Net	6635
(Type or Print) Baly Bo	y Chassin	2. DATE AND	HOUR OF DEATH	350
3. PLACE OF DEATH IN BALTIMORE MARYLAND	7	4. USUAL RESIDENCE IWWere A. STATE B. COUNT		an: residence before admission)
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location) INSTITUTION	tion, grve street	C. CITY OR TOWN Ilf outsi	de city limits, write RURAI	and give township)
48		D. STREET ADDRESS (If ru	rol, give location)	12-08
Maryland General	Hospital	3600 H	opper A	VE
	QWED, DIVORGED (specify)		AGE/(In years If I st birthday) Mai	Jader 1 Yr. If Under 24 Hrs.
tion. USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE State or foreign	1 country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E 1	
Phillip M. Chas	sin	AVIS ARIE	NE 7 itye	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war ar dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
110	CAUSE	DE DEATH		JAME
DISEASE OR CONDITION DIRECTLY	CAUSE (of DEATH	1 0	ONSET AND DEATH
LEADING TO DEATH	10 /61	spirally, be	etress slips	dieno
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis		1		***************************************
injury or complication which caused death,)	,	U		
ANTECEDENT CAUSES	DUE TO	004000000004004400000000000000000000000		**************************************
DISEASES OR CONDITIONS, if any, g				
UNDERLYING CONDITION lost.	10/			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING O THE			
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDI IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY le.g., hame, form, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City	, give exact location)
Q 21 D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	,
(APPROX)	While At Not Wh		1 /	
22. 1 certify that ((this hospital) attend	ded the deceased from	Tuly 3 19	67 10 July	6 1967
that (1) (a) last saw the deceased alive	G /		in (ny) (pur) apinian	death accurred on the date
and haur and fram the causes stated aba	ve_(I)(We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE Chique	James M.D. AI	tending Med. S	loff hy s. X	July 6, 1867
23C. PHYSICIAN'S NAME (Type)	M.D	23D. ADDRESS		NE A DE/E A R. E.
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY of C	WES OT LIST	CATIONS AS DICERT, to	Writ of county) (State)
REMOVAL (Specify)		UNIVEDCIT	V MEDICAL	SCHOOL !
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C, TUNERAL DIRECTOR	V SEDVICE	ADDRESS PCHD
301 46 1301	M.C. Jambay	UR Carrow I O WIL	BLUYICE	- DUID

100 Va 1200 Va

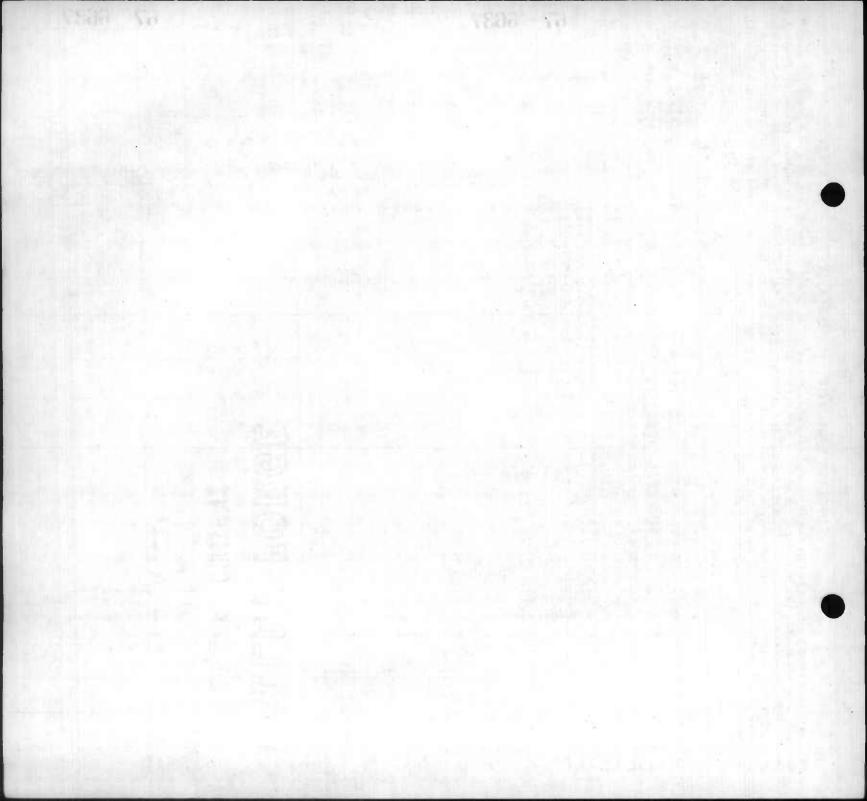
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 6 was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT	0000
BIRTH NO. 67-12607 67 6	636 CERTIFICA	ATE OF DEATH Registered No.	67 6636
M.E. CASE NO.		2, DATE AND HOUR OF DEATH	55.
(Typo or Print) Baky bey M	iller	6-17-67	1000 am.
3. PLACE OF DEATH IN BADTIMORE, MARYLAND		A. USUAL RESIDENCE (Where deceased lived. II i	nstitution: rosidence before admission)
FULL NAME OF (If not in hospital ar institut HOSPITAL OR address or location) INSTITUTION	tion, give street	C. OR JOWN (If outside city limits, write	
0	11 7 0	D. STREET ADDRESS (If rurol, gife location)	215 7100
. 0	Hospital	3516 Manchater	ave
	RIED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 6-16-67 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
IDA. USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		maryland	USA
13. FATHER'S NAME	11	14. MOTHER'S MAUDEN NAME	
James G. M.	ler	Jeanette Jank	507
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (!! yos, give wor or dates of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
18.	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY			ONSET AND DEATH
LEADING TO DEATH	(A1	Kespiratory tailure	15 MC
(This does not mean the mode of dying, head loilure, asthemia, etc. It means the disc	e.g., DUE TO	Respiratory Facture Hyaline Membrane Dises	. , , , , , , ,
injury or complication which caused death.) ANTECEDENT CAUSES	(B)	Ayaline Membrane Dises	ere since buth
DISEASES OR CONDITIONS, il ony, gi	00110		
rise to the obove couse (A) stoling	•	Premadurity	
II.			
OTHER SIGNIFICANT CONDITIONS CONTRIBED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No. 20 B. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED			FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., hame, larm, lactary, street, otc.)	, in ar about 21 C. WHERE DID (If in Boltimo office bldg., INJURY OCCUR?	re City, give exact location!
OF INJURY (Month) (Doy) (Your (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
APPROXI	Work Not We		
22. I certify that (1) (this hospital) attend	led the deceased fram	19to	
that (I) (we) lost saw the deceased olive	on	19ond that In (my) (our) op	inion death occurred an the date
and hour and from the couses stated above	re. (I) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE Shup hus	M.D. A	ttending Med. Staff Phys.	238, DATE SIGNED
23C. PHYSICIAN'S NAME (Typel		23D. ADDRESS	
Aldona Skripku	M.C	" UNIVANATOMY BOARS	OF MARVIAND
REMOVAL (Specify)	C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (C	city, town, of county) (3thto)
		UNIVERSITY MEI	DICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	ADDRESS
VS 150-REV 1/1/65	J. C. Jankerna)	O LOS MUSEUM DISLOS	AL
21D. TIME (Month) (Doy) (Yoorl (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Not Whyork At Work	nile 🗌	19
that (I) (we) lost saw the deceased olive	on		inion death occurred an the date
			mon death accorred an the date
and hour and from the couses stated above	re. (I) (We) (did) (did not)	view the body ofter death.	
	re. (1) (me) (ala) (ala not)	View the body offer dedth.	DATE SIGNED
23A. SIGNATURE			23B. DATE SIGNED
G. Shripkus	M.D. A	ttending Med. Staff Phys.	
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	
Aldona Skripku	M.C	UNIVANATOMYS ROADS	OF MADVIAND
REMOVAL (Specify)	C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (C	city, town, of county) (3th to)
7-7-67		UNIVERSITY ME	DICAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1111 12 1967 6 0.9	F8, tallemy	O A COSPITAL DISPOS	AL
VS 150-REV. 1/1/65			



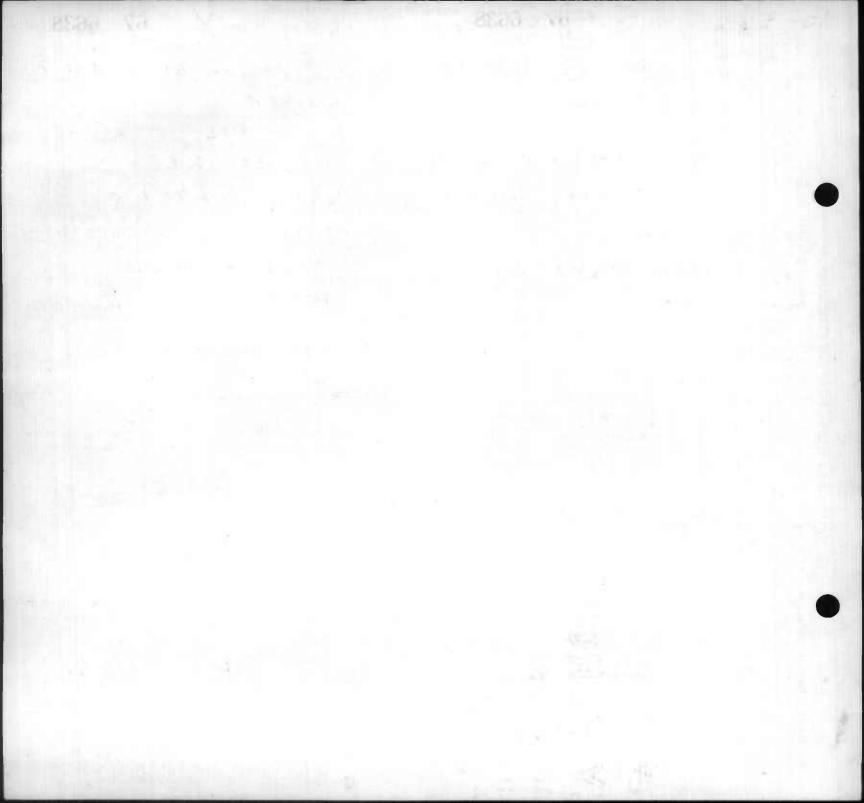
W	15cd-	
	death death sceased on the	M.E.
	ause of e; (5) De ndance o death	FI H
	buting c ned caus lar atter prior 1	BRTI M.E. 1. N. (Typ) 3. Pi H IN 10A. done
•	ath occur r contril determin in regu deceased	IÓA.
	f de oct o () Un was he posit	13. F
RTANT	the direkind; (4 death nce on tinal display	15. V (Yes,
IMPO	or his as Also, if e of any rounced attenda	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
NERAL D	thief medical a medical Body burns; the physicial ysician was the remain	RTIFICATION
J	d by the cospital by ture; (2) it where to the cospital by the cospital by the cospital before	MEDICAL CERTIFICATION
•	approve to the he fany na l (excep); and (
	leased teident o hospitato death	
	ate rate at a at a rior t	
	dy w (1) A O.A.	24A
	This ce the boo shows: was D. deceas	25A

	RE CITY HEALTH DEPARTMENT 67. 6637
CERIII	FICATE OF DEATH Registered No. 07. 0007
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) BABY BOY WRIGHT	9.00 a.m. 6.24-67 9.00
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give towarship)
UNIVERSITY OF MARYLAND HOS	Rith Baltimore 25-3.
Shinekelly or military its	D. STREET ADDRESS (If ruiol, give location) 2604 PICK OM I SI
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spe	6.23.67 lost birthday Months Doys Hours Mi
10A, USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired)	BALTINORE, M). S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Affined Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO	d. IT. MFORMANT ADDRESS
18. 7/1.5 T	AUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE	who are attached to the sing
heart failure, asthenia, etc. 11 means the disease, injury ar camplication which caused death,)	1 4 4 6 00 0 3 19 00 000
ANTECEDENT CAUSES (B)	Trend wy (2th. Yoy).
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.	Thire- join penoaracy.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED 1914. ACCIDENT WAS UNDERLYING 218. PLACE OF INJUI	ON 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	RY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeoi) (Hour) 21E INJURY OCCURI	RED 21 F. HOW DID INJURY OCCUR? Not While At Work
22. I certify that (1) (this hospital) attended the deceased fro	om 12.56 pm 6-23 1967 to 6.24. 1967
that (1) (we) lost sow the deceased alive an 6.	24 19 67 and that in (our) opinion death occurred an the
ond hour and from the couses stated above. (1) (We) (did) (dis	view the body after deoth.
23A. SIGNATURE	23B, DATE SIGNED
Marao Vrance	A.D. Attending Med. Stoll Phys. 6.24.67
23C. PHYSICIANS NAME (Type) HARDLI) BRENNER	M.D. ANATOMY POARD OF MARVIAND
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETER'	Y OF CREMATORY 240. LOCATION Chy, Idwin, or country
1-1-61	UNIVERSITY MEDICAL SCHOOL
JUL 12 1967 Goleb E Lapley	HOSPITAL DISPOSAL
VS 160 BEV 1/1/45	

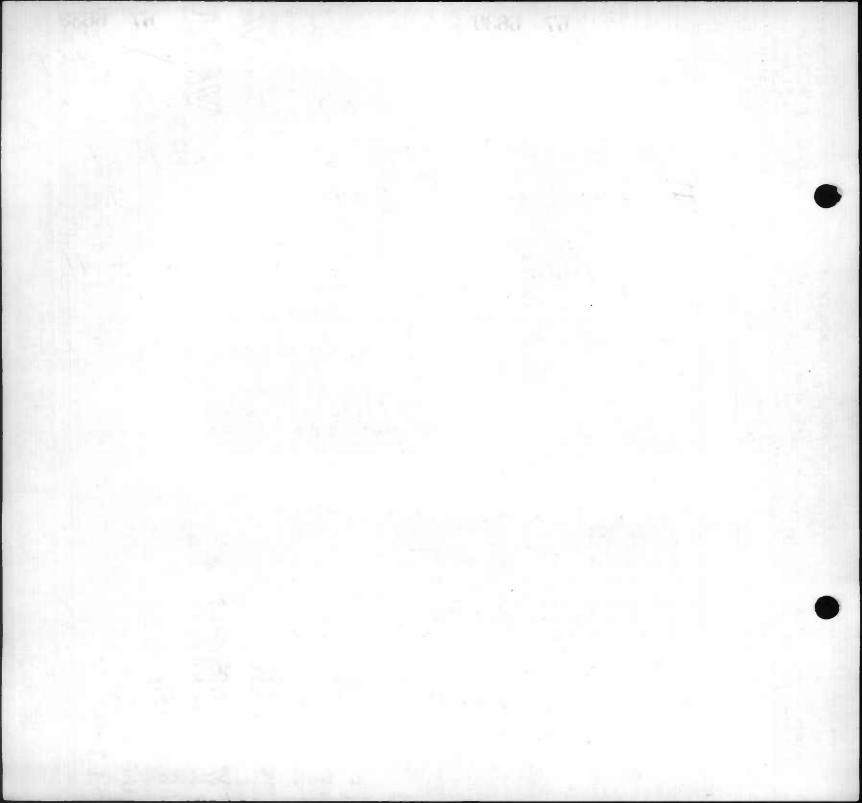


was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the Udeceased prior ta death); and (6) No physician was in regular attendance on the deceased priar ta death. Such the bady was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and written appraval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

67.12086 67	COOO BALTIMORE C	ITY HEALTH DEPARTMENT		ha oooo
BIRTH NO. 67-12986 01	6638 CERTIFIC	ATE OF DEATH	Registered Na	67 6638
M.E. CASE NO.	32		D HOUR OF DEATH	
(Type or Print) BABY BOY	BAYNARD	JUNE		1:40 P M
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceased lived. If ins	stitution: residence belore admission)
FILL MANAGOR WAS ASSESSED.	- in the state of the state of	MARY LAN		a.a. C
FULL NAME OF (If not in haspital HOSPITAL OR oddress or location INSTITUTION	ar institution, give street in)	C. CITY OR TOWN (If outs	/	URAL and give township)
UNIVERSI	ty OF	D. STREET ADDRESS (IF I	PARK urol, give location)	52-00
30 MAR YLA	VD GOSPITAL		0× 170 D	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		AGE (In years	Months Days Haurs Min.
MALE WHITE	NEW BO RN	5/26/67	1 month	10
tOA, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	LIOB. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreig		12. CITIZEN OF WHAT COUNTRY?
LONE	NONE	MARYLAND		UNITED STATES
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E	11000 0111123
Ellian Barrano	127	MULLIF	R. BAY	412-KD
15. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknawn) (If yes, give wor or dot	es of service) SECURITY NO.	PARENTS		STATE AS ABOVE
18.561.51	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	lon h boton is	1	
LEADING TO DEATH	dving e.g. (A)	ASPIRATION P	NEUMONIA	3 Lours
heart failure, asthenio, etc. It means	the disease,	Engl Smul Structures to goot	when Leende	an .
ANTECEDENT CAUSES	(R)	to contra	wachises	1 month (3. Dings)
			######################################	(
DISEASES OR CONDITIONS, if				
UNDERLYING CONDITION lost.				
z II	CONTRIBUTION			
O DTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE DR CONDITION CAUSING	ATED TO THE			
		20A. AUTOPSY? (Yes or No)	20B. IF YES. WERE F	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CON WAS PER	NOTION FOR WHICH OPERATION OF GUT TO	HOUGH) V	IN CERTIFYING CAL	USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.	a, in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	te letc.)	olfice bldg., INJURY OCCUR?	KO	
21D. TIME (Month) (Doy) (Year)	1 (0	21F. HOW DID INJU	JRY OCCUR?	
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	While At Not V			
		ork U	1 -	
22. I certify that (f) (this hospita		57AY 26 1		
that (1) (we) lost saw the deceas			t in (my) (aur) apir	nian death occurred an the date
and hour and from the couses sta	ited above. (1) (We) (did) (did not	r) view the body ofter death.	/	
23A. SIGNATURE	Q M.D.	Attending Med.	Stoff 3	23B, DATE SIGNED
agrue	X	Phys. Director	Phys.	6/26/67
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1 10
ALFRE DO	F. GARCIA JR.M.	D. My herents in	Stra Above	HAVE A DUCK IN
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY FAITH	EATION / / A 24 CO	ly lown, of Edunity) Stote
1-7.	-6)	INIVERS	ITV MEDI	CAL SCHOOL
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	11111111	ADDRESS
JUL 12 1967	PORS FROM	HOSPIT	AL DISPOS	SAT.
VS 150-REV. 1/1/65	The second second	0 0 1 0		



	0000	BALTIMORE CITY	HEALTH DEPARTME	NT	C7 CC20
M.	RTH NO. 67-11865 67 6639 LE CASE NO.	CERTIFICA	TE OF DEAT	H Registered No.	67. 6639
	NAMMOF DECEASED VPO BOOK SIT! BOWE	4		TE AND HOUR OF DEATH	1140 PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (III not in hospital or institution, gree oddress or location)	street	Md B.	130/t/ m	
8	University of Maryla	ud Hosp.	125/+1	(If outside city limits, write I WOFE (If rurol, give location) Albermar	1 51-07
S.	SEX 6. RACE 7. MARRIED, NEW WIDOWED, DI NEW DO	VORCED (specify)	B. DATE OF BIRTH 6-19-6	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
	A. USUAL OCCUPATION (Gree kind of work 10B, KIND OF BUS ne during most of working life, even if refired)		11. BIRTHPLACE (Stote Bull)	core, Md	12. CITIZEN OF WHAT COUNTRY?
13	FATHERS NAME		14. MOTHER'S MAIDE		-4H111
15. (Ye		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	A A	etion Aspira	interval between onset and death
	(This does not mean the mode of dying, e.g., heart lailure, astheria, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO	checeso istula.	1	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(C) p	istula.l	Status 21/08	
ATION	TO THE DEATH BUT NOT RELATED TO THE	- 1			
FRTIFIC	194. Date of operation 198. condition for which was performed was performed 11-schoolsop4	60	3 20 A. AUTOPSY? (Yes	or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CALC	D 21A. ACCIDENT WAS UNDERLYING 218 PLA OR CONTRIBUTING CAUSE OF home, for the control of the	OF INJURY (e.g., in	or obout 21C. WHERE INJURY OCC	DID (II in Boltimore UR?	e City, give exact location)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJ	Not While		D INJURY OCCUR?	
	22. I certify that (I) (this haspital) attended the dethat (I) (we) last sow the deceased alive on	5/		19 Cc 7 to	19
	ond hour ond from the couses stated above. (I) (W				nion deoth occurred on the dot
	Coulo Goodee	48 M.D. Atte	nding Med.	Stoff Phys.	6-26-67
	23C PHYSICIAN'S NAME (THE)	CG M.D.	OLL TO	essitsit	Cosporter
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRE	MATORY ANA	DOLLEY MEDIO	riy, town, of county) (State)
2\$	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	GISTRAR Falley MAR	25C. PUNERAL DIR	CODITAL DIO	ADDRESS DOGAT
41	JUL 12 1301 (1/2001) C	" diamon.	10 6 70	UDELLAL DIS	LUOAL



IMPORTANT
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DIRECTOR:
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

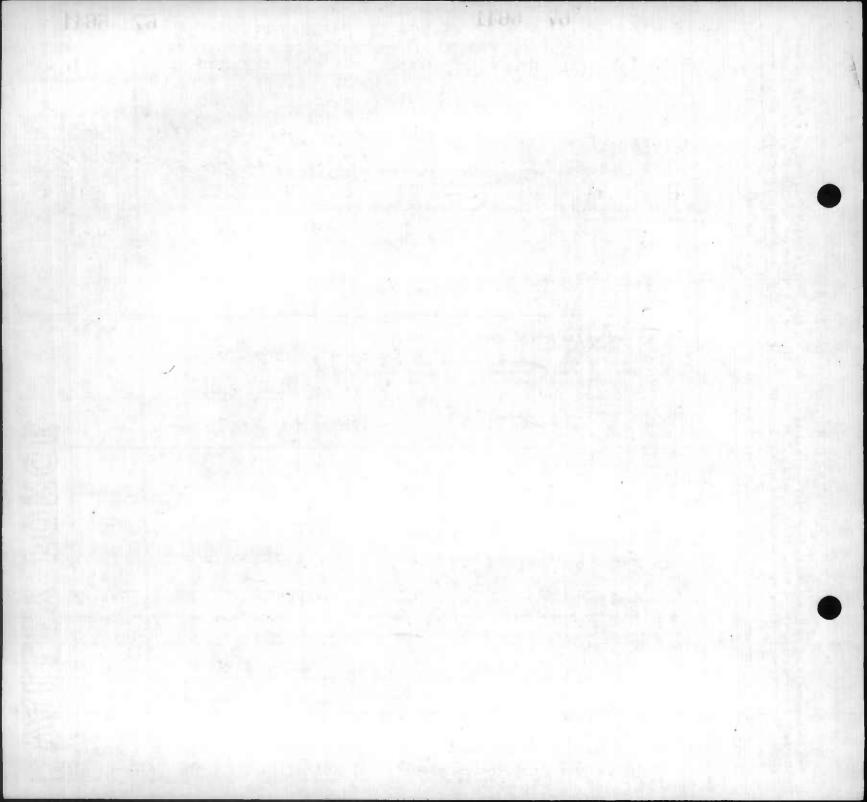
	CM C	BALTIMORE CITY	HEALTH DEPARTMENT		C'Y CCAO	
- 11	BIRTH NO. 67-12467 67 6640 CERTIFICATE OF DEATH Registered No. 67 6640					
1.	1) NAME OF DECEASED (Type or Print) Grier, Baby Girl 6-28-67 12 Fm					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	1	4. USUAL RESIDENCE (When		itution: residence before admission)	
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR address or location)	C. CITY OR TOWN (If out	teide city limite write PII	RAL and give township)		
20	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
20	University Hos	D. STREET ADDRESS (If rurol, give locotian) 924 N. Gilmere St				
5.	Fernal Negro Ne	6-27-67	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.		
	A. USUAL OCCUPATION (Giff kind of work 10 B. KIN ine during most of working life, even if retired)	11. BIRTHPLACE (State or foreith)	gn country)	12. CITIZEN OF WHAT COUNTRY?		
13	FATHERS NAME	14. MOTHERS MAIDEN NAME				
16	Willie Bernard D. S. Armed Forces?	Shirley Grasty 17. INFORMANT ADDRESS				
(Y	es, no or unknown) (If yes, give war or dates of ser	security NO.	Chot		ADDALIS	
	18. 7 7 3 3 1	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	remoturity		Life		
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES (B) (B) (B) (Copiratory Distress Synd - Life					
	DISEASES OR CONDITIONS, if ony, giving					
	rise to the abave couse (A) stoling the (C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
FRIFICA		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
14	OR CONTRIBUTING CAUSE OF	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)		
AFDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work		21F. HOW DID INJ	URY OCCUR?		
<						
	22. I certify that (this haspital) attenthat (we) last saw the deceased alive	1		1967 10 124		
	and haur and fram the causes stated abo			or in (aur) aprini	an death accurred on the date	
	23A. STONATURE			23R DATE SIGNED		
	Edward . 1	nding Med. Director	Stoff Phys.	6-28-67		
	23C. PHYSICIANS NAME (Type) T RUEY MY M.D.					
	IA. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (City	TOWN, OF COUNTY LAND	
	REMOVAL (Specify)	SITY MEDIC	AL SCHOOL			
25	JUL 12 1967 (258, NA	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		SAL	
VS	150-REV. 1/1/65	Mic I domen a	6 6 5	TALL DIOLO	V-1-1	

0439 29 Total land for the state of the Balt were Integrably yturning TO make U PIP 12-12-0 Brinish Niegora Warnish both made std 149 ytimbers 9 Pagintury District Sind - 1 the state of the state of the 52-75-2 × myslo7 [Land? Edward J. Ruley, on Journey Heryth

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

		67 664	BALTIMORE CITY	HEALTH DEPARTMENT		0014	
11	TH NO. 67-12408 E CASE NO.	07 009	CERTIFICA	TE OF DEATH	Registered Na	67 6641	
1. N (Ty)	Pe or Print BABY GIR				6.18.67	9.40	a . N
3, 1	PLACE OF DEATH IN BALTIMO	RE MARYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If ins NTY	stitution: residence before	odmission)
	FULL NAME OF (If not in hospital or institution, give street hospital or institution, give street oddress or location) NSTITUTION NOTERSITY OF BALTIMORE HOSPITAL		C. CIPO OR TOWN (If outside city limits write BURAL and give township) D. STREET ADDRESS (If rurol, give location)) \	
2			1730 Balton St # 21217				
5. 5	F 6. RACE		D, DIVORCED (specify)	6. 17.67	9. AGE (In years lost birthdoy)	Months Doys Hours	der 24 Hrs. Min. 52
	LUSUAL OCCUPATION (Give kind e during most of working life, even if i		F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Store or form		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	03	
1	Harrier Lee	Jen Kis	2 5	Lillie Louis	so Hicks		
	Was Deceased Ever in U. S. Ams, no or unknown) (If yes, give wor		SECURITY NO.	17. INFORMANT		ADDRESS	15
	18. 7 5 3./1	4	CAUSE O	F DEATH		INTERVAL BET	
	DISEASE OR CONDITIO		0	1 ./ ()	1 / 1	ONSET AND D	HIAIC
	(This does not meon the mo		(A) V CA	linaring atal	utasis		*****
	heoti foilure, osthenio, etc. Il meons the diseose, injury or complication which coused death.)						
	ANTECEDENT C	AUSES	(B) DUE TO	modera brain	n centres		*******
	DISEASES OR CONDITIONS			Volumet wit 1	11-000		
	underlying condition is		(C)		W1=000grus	J	***************************************
NO	OTHER SIGNIFICANT CONDITION THE DEATH BUT NO						11-3
CAT	DISEASE OR CONDITION CAU	SING IT.		I 20 A AUTODOVA (V N	I-1 20B IS VES WEST	THE PART OF THE PA	
ERTIFIC		AS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	JSES OF DEATH?	
CAL CI	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE COEATH (notify medical examined	DF hor	me, form, foctory, street, o	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location	1)
EDI	21 D. TIME (Month) (Doy)	(Year) (Hour) 211	E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
×	(APPROX.)		hile At At Work				
	22. I certify that 🤹 (this ho			6.17.67	to	6-18-67	
	that ((we) last saw the de					nian death accurred a	n the da
	and haur and from the cause	s stated above.	(We) (dld) (did not) v	riew the bady after death.	,	Jan Barr States	
	23A. SIGNATURE	and Bre	M.D. Ath	anding Med.	Stoff Phys.	23B. DATE SIGNED	7
	23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	0.1 1 11	11	
	Harold	Bienni	M.D.	Understone	Thorpoon D	03/ the ADV	LANI
24	REMOVAL (Specify)	- 1-	AME of CEMETERY of CR	EMATORY THITTE TO	D C LTTV NA CT	of towns or Lockery) II I	
25A	A. DATE REC'D BY HEALTH DEP	. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	KSHY MEI	ADDRESS	JUL
	JUL 12 196	7 Relub	E Farber MA	MORTUA	RY SERVICE	CE - BCHD	
vs	150-REV. 1/1/65			0 0 5			



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

CPT COAC BALT	IMORE CITY HEALTH DEPARTMENT	0040
BIRTH NO. 67. 6642 CER	TIFICATE OF DEATH Registered No. 1	67 6642
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	12 05
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceased lived, If inst	10 pm
S. PLACE OF BEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY	itution; residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RU	IRAL and give township)
INSTITUTION	Balta	0-03
BOW SECOURS HOSPITAL	D. STREET ADDRESS (If rurol, give location)	,
	AGOO HOJIINS S	treet.
5. SEX 6. RACE 7. MARRIED, NEVER MAI WIDOWED, DIVORCED		Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS C	PR INDUSTRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF
done during most ol working life, even if retired)	Q 811 401 7.1	WHAT COUNTRY?
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	yes.
Data nd Carley	011.15	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURIT	17. INFORMANT	ADDRESS
NO NONE 212-		Hollins St.
18. 4-22/17860Y	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	(A) arternodorote (V. Que	>
(This does not mean the mode of dying, e.g.,	DUE TO	
heart failure, asthenia, etc. 11 means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, if ony, giving		
rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)	
7 11	(1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	be tos Rephrosderosis Sepatra dre	M.
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPER WAS PERFORMED	ATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FI	NDINGS CONSIDERED
E E E	Ma	
	NJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore ory, street, office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) White At Work	Not While At Work	
22. I certify that (I) (this haspital) attended the decrease		reley 10 196)
that (1) (last saw the deceased alive an	y 10 16 7 and that in (my) (an) opin	ion death occurred on the date
and hour and from the causes stayed above. (1) ((did		
23A. SIGNATURE	M.D. Attending Med. Stoff	23B, DATE SIGNED
23C. PHYSICIAN'S	Phys. Director Phys.	7/10/67
LESTER A. WALL JR	M.D. 103 get Vaul Il. Be	exmore 2
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEM	ETERY of CREMATORY 24D. LOCATION (City	, town, or county) (Stote)
BURIAL 7-19-67 Good	Shepherd Howard CT	y Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAL	25C. FUNERAL DIRECTOR AS ATTIME	145 148008ES
VS 150-REV. 1/1/65	years & meller 2101	mumen co-c
₹3 (39=nc ₹) 1/ (/ 03	€ 4. 4	

asternadorsky (4 Alex Inches Maghereleveric Hotel doct. John in lety 6 17 July " 20 3 gall Please fol Souch more Lerren A. Wace IK

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	OP C	BALTIMORE CITY	HEALTH DEPARTMENT		0040	
BIRT	rh NO. 67 6	643 CEPTIFICA	TE OF DEATH	Registered No.	67 6643	
M.I	E. CASE NO.	CERTITICA	TE OF BEATT			
	IAME OF DECEASED		2. DATE AN	D HOUR OF DEATH		
(Typ	Gray, Francis		71	0-67	9:00P. M.	
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND				institution: residence before admission)	
			A. STATE B. COUN			
	FULL NAME DF (If not in hospital or instit	ution give street	Maryland			
1	HDSPITAL OR oddress of location)	give unou	C. CITY OR TOWN (If out	side city limits, write	RURAL and give towaship)	
'	NSTITUTION Description to	andtol Too			15-07	
		ospital, Inc.	Baltimore D. STREET ADDRESS (IF	ural, give tocotian)	100	
	Baltimore,	Maryland 21217	D. STREET ADDRESS	oral, give loconani		
			1923 W. North	Ave.		
5. 5		RRIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. II Under 24 Hrs.	
		OWED, DIVORCED (specify)		ost birthdoy)	Months Days Hours Min.	
-63	Male Negro	warves	4-2-01	66		
	USUAL OCCUPATION (Give kind of work 10B, Kill of work 10B, Kill of during most all working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
0011		Mana	Wa seed a seed			
12	Retired FATHER'S NAME	None	Mary Land 14. MOTHER'S MAIDEN NAM	4.5	U.S.A.	
13.	PAINES NAME		14. MOTHER'S MAIDEN NAM	7		
	Louis Man	11	MANIA			
16	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
(Ye	s,na ar unknawn) (II yes, give war ar dates af se	SECURITY NO.	des	se metre.	1)	
	W -	212-20-0820	Elaine (Da	ughter)	Same	
-	18.		F DEATH		INTERVAL BETWEEN	
	95//	CAUSE	DEATH.	_	ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY		1.0	B. a - 1 (_	
	LEADING TO DEATH	(A)/	wemonary .	Cozeal	~	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the di		//			
	injury at camplication which coused death,		DALKU	,		
1	ANTECEDENT CAUSES (B)					
		DUE TO				
	DISEASES OR CONDITIONS, if any,					
	rise to the above cause (A) stating the (C)					
7	II					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIB					
AT	DISEASE DE CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?	
E	WAS PERFORMED	,	Yes	IN CERTIFIENG C.	AUSES OF DEATH?	
CEL	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(II in Boltime	ore City, give exact lacation)	
1	OR CONTRIBUTING CAUSE OF	hame, lorm, loctory, street, o	fice bldg., INJURY OCCUR?			
CAL	DEATH (natily medical examiner)	etc.)				
03	21 D. TIME (Manth) (Day) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
×	OF INJURY	While At Not Whi	le 🗂			
	(APPRDX)	Wark At Wark				
	22. I certify that (I) (this hospital) atten	ded the deceased from	7-4-67	9 to 7	7-10-67	
	m 30 /m					
	that (I) (we) last saw the deceased alive	e on	ond the	of in(my) (our) of	oinian deoth occurred an the dote	
	and hour and from the causes stated abo	ove. (I) (We) (did) (did not)	view the body ofter deoth.			
	23A. SIGNATURE				23B. DATE SIGNED	
	() , , , , , ,) M.D. Att	ending Med.	Stell V	7-11-67	
	Jacot	Phy	s. Director	Phys.	1-TT-01	
	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
	laredo	M.D.	1514 Division	n Street		
24/	A. BURIAL CREMATION. 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LC	CATION	City, tawn, ar caunty) (State)	
1	humail 7/12/67	10.11.	10 Pl- 11	1 1	Masel. 0	
1	Julia 1/12/01	unulles /1	cm. / /. 00	mull	- my pour	
254		AME OF REGISTRAR	25C FUNERAL DIRECTOR	/	ADDRESS	
	JUL 12 1967 R.L	reb E. Farberta	Karl Tels	nore /	127W. Korth us	
VS	150-REV. 1/1/65	1670	A A R	1		
		4 4	. 12 () ()			

67 6643 decknock -- " Secre Luy maria?

		07 0	BALTIMORI	E CITY	HEALTH DEPARTMENT		00.1	
BIR	TH NO.	67. 6	644 CERTIF	ICA	TE OF DEATH	Registered No	67 6644	
	E, CASE NO, IAME OF DECEASED					ND HOUR OF DEATH		
(Type or Print) DEVESE JARRETT					July		4M 1	
2/1					4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY			
	HOSPITAL OR oddress	n hospitol or institut or location)			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
10	SINAL HOSPITA	LOF B.	ALTINORE IM	e	Baltimore		28-02	
BELUEDERE AUE OF GREEN SPRING 5601 Gwynn Oak Avenue								
5, 9	SEX 6. RACE		RIED, NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Monthsi Doys Hours Min.	
	MALE While	Ne	ever married	1	12,20-97	70 yr-	Months Doys Hours Min.	
	USUAL OCCUPATION (Give keep during most of working life, even	ind of work 10 B. KIN	D OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State or fore	ign country)	12, CITIZEN OF WHAT COUNTRY?	
	Statistician	Am	ner. Gen. Co	rn.	Baltimore Co	ounty	AMERICA.	
	FATHER'S NAME			1	14. MOTHER'S MAIDEN NA	ME		
	William D. De	VACA			I ilir Howand			
15.	Was Deceased Ever in U. S. A s, no or unknown) (If yes, give w	Armed Forces?	16, SOCIAL		Lily Howard		ADDRESS	
	Yes WW		216-07-28		Ida Devese,	5601 Gwann	Oak Assense #7	
	18.				DEATH	Joor Gwynn	INTERVAL BETWEEN	
	DISEASE OR CONDI	TION DIRECTLY		2			ONSET AND DEATH	
	LEADING TO		(A)	K	copivatery +	ai Lure.	6days.	
	(This does not mean the made al dying, e.g., DUE TO							
	injury or complication which coused death.)			C		10 423		
	ANTECEDENT CAUSES (B) DUE TO			CMPHYSEMA.	*******************************			
	DISEASES OR CONDITIONS, if any, giving							
	rise to the abave cause (A) stating the (C) UNDERLYING CONDITION last,						**************************************	
	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,							
CERTIFICA				20A. AUTOPSY? (Yes or No	20B. IF YES, WERE			
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off pearth (notify medical examiner)			or about 21C. WHERE DID	(If in Boltimore	City, give exact location)		
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not While		21F. HOW DID INJ	URY OCCUR?				
	Work Ar Work					7/0/		
	that (1) (we) last saw the		7/9	18		19 67 to		
	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
	23A. SIGNATURE						23 B. DATE SIGNED	
	aluntiaz Hauerd M.D. Attending Med. Stoff Phys.							
	23C. PHYSICIAN'S NAME (Type) MTIAZ HAMID M.D. SINAL HOSPITAL OF BALTIMORE BALTIMORE BALTIMORE							
24/	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole) Edmondson Avenue							
		-12-67	Western Co	eme	terv	Baltimore	Maryland	
254	A. DATE REC'D BY HEALTH D		ME OF REGISTRAR	0111C	25C. FUNERAL DIRECTOR Ellsworth Ar	macost_	Maryland ADDRESS iberty Heights Ave.	
VS	150-REV. 1/1/65	1901 1000	MOVE , Markey	The R	Funeral Cha	pel 4600 L	iberty Heights Ave.	

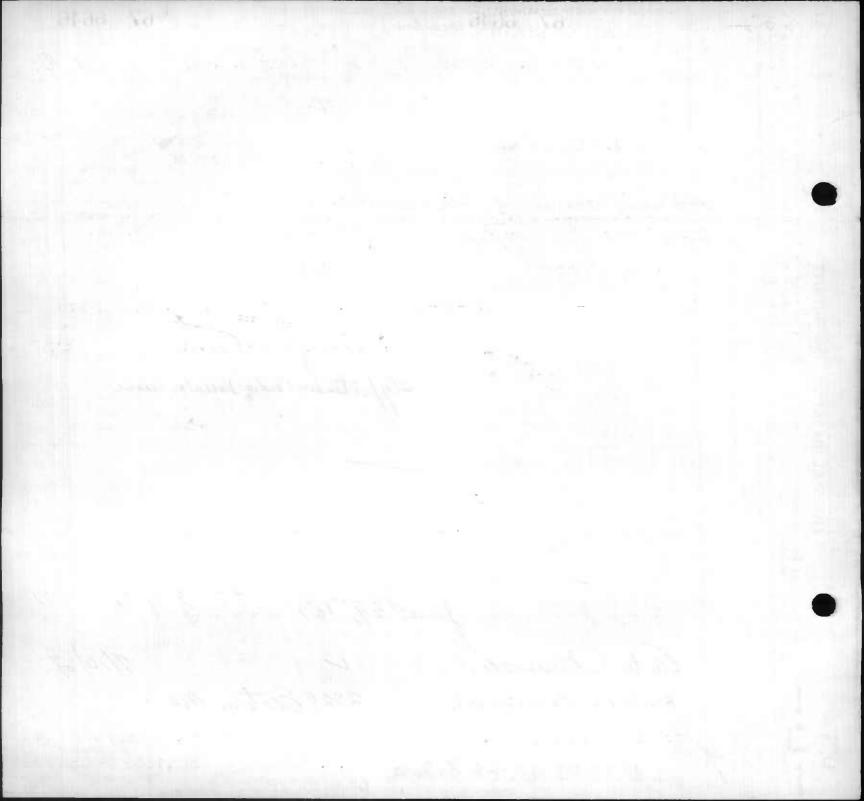
67 -6644 - - - - 67 5644 and the second of the second o parv W. pawi.M The state of the s the state of the s

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6645

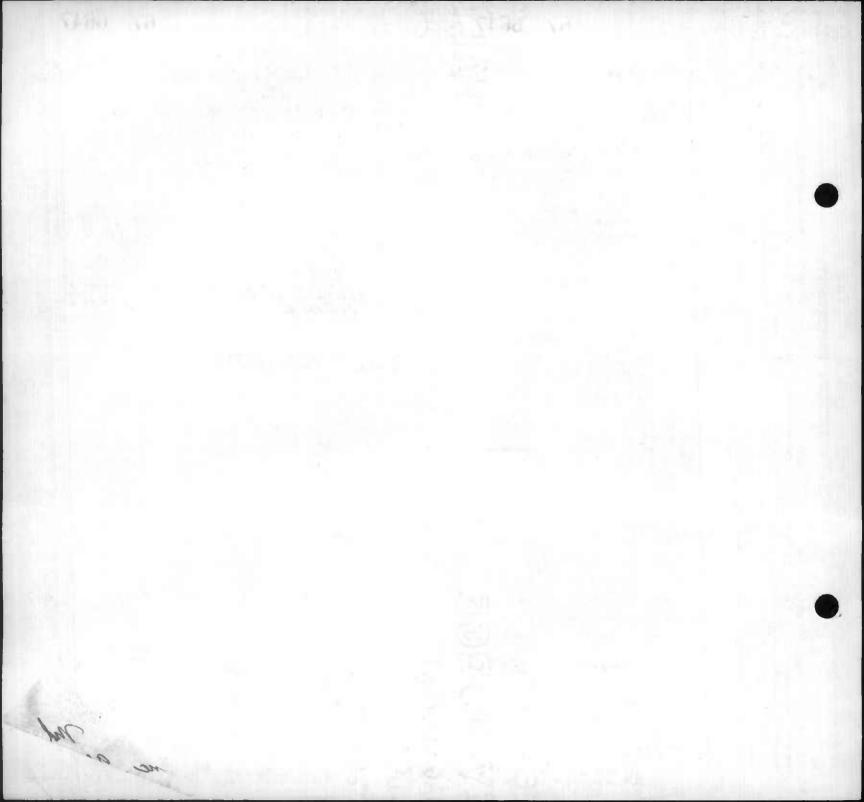
M.	E. CASE NO.			1						
	NAME OF DE	CEASED				2. DATE AND	HOUR PRONOUNC	ED DEAD		
Ì			MMON			July 9.	1967	1	7:25	a M.
3. F	PLACE IN BAL		D, WHERE PRONOL	INCED DEAD	A. STATE	DENCE (Where de	ceosed lived. If ins B. COI	titution: residen JNTY	ce before odi	
HO	LL NAME OF	ADDRESS OR	OSPITAL OR INSTITU	ITION, GIVE STREET	c. CITY OR TO	OWA (If outside	corporate limits, writ	e RURAL and	give township	o)
2					Media			1-	35	
1	OHNS HO	PKINS HOSP	TTAT.		D. STREET ADI	DRESS fif rurol, gi	ve location)			
- 2	,012.0				711	N. Provi	dence Stre	et		
5. 5	SEX	6. RACE	WIDOWED, I	NEVER MARRIED DIVORCED (specify)	SEPT.	TH 22 1956	9. AGE (In years lost birthdoy)		Yr. If Under	
	'emale	White	NEVER	MARRIED BUSINESS OR INDUST		Istata as faccion	V2 10	12. CITIZEN	05	
		working life, even if re		BOSINESS OK INDOST	PHILI	O.	co omry)	WHAT	OUNTRY?	
13.	FATHER'S NAM	A E			14. MOTHER'S A	AAIDEN NAME				
	Ro	BERT DA	VID AM	mors	CATH	ERINE 1	Ammon			
15.		D EVER IN U.S. A	RMED FORCES?	16. SO CIAL	17. INFORMANT		7	ADDRESS	20011	7 0
(Yes	s, no or unknown	If yes, give wor o	r dotes of service)	SECURITY NO.	0		1 .	RT 4.	Box 4	PH
	_				MR KICHI	ARD Ammo	ON (Buck)	ANNAP	ocis, 1	Md.
	18.	11-1		CAU	SE OF DEATH				TERVAL BET	
	DISEA	SE OR CONDITIO	N DIRECTLY					0	NSET AND I	DEATH
	i	LEADING TO D	EATH	(A)	Contusion	of brain				
	(This does	not meon the mo	de of dying, e.g.,	DUE TO	CONTRACTOR	orbraili			****************	
	injury or co	mplication which co	used deoth.)							
		ANTECEDENT . CA	24211							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO							nd ribs		******************	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.										
Z	UNDERLIII	COMPARTING CONDITION EAST.								
Ō										_
CERTIFICATION	OTHER SIG		IONS CONTRIBUTIF	NG				5 72 11 17		
F		R CONDITION CA	T RELATED TO T	HE						
RT			CONDITION FOR	WHICH OPERATION	20A. AUTOPS	Y? (Yes or No) 120	B. IF YES, WERE FI	NDINGS CON	SIDERED	
	2	WA	S PERFORMED		YI	ES	CERTIFYING CAU	YES OF DEATH	Н?	
MEDICAL	UNDERLYING	XOR CONTRIB-	21 B.	PLACE OF INJURY (e.g., form, foctory, street,	office bldg INIIII	WHERE DID (IF	in Boltimore City, g	ive exoct locot	ionl	2-00
ă		SE OF DEATH.	etc.)	- 1	omee day, my			1 1 2		×
Σ	21D TIME	(Month) (Doy)	(Year) (Hourl 2	Road 1E. INJURY OCCURRED	215 5	OLD WILL	bottom roa	d and R	t. 50	
	OF INJURY	(Monin) (Doy)	P			TOW DID INJUK	OCCOR:			
	(APPROX.)	7 3	67 12:45m. V	VHILE AT NOT	WHILE X	passeng	er in rear	seat o	f auto	-tract
	22.	tify that I held o	n Inquiry			ed that on this	basis, death in	tra	ilor co	ollisi
				_						
	resu	Ited from: Noture	ol causes A	ccident X Suici	ide Homic	ide Un	determined mann	er		
		. 1	70/	1	CHIEF	MEDICAL EXA	MINER		DATE SIGN	VED.
	SIGNAT		Men	her "	D. ASSISTANT	MEDICAL EXA	MINER		DA 1 E 0101	
	EXAMIN					MEDICAL EXA	process of the same of the sam			
			1 S. Fishe	r M D				July 9	1967	
23 A	BURIAL CRE	MATION, 23B. DA	TE 23	C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City	, lown, or cour		tote)
	MOVAL (Specif			-LENWOOD MI	Em. CEM.	Be	DAMALL	PA.		
ME.	MOVAL - Z	BY HEALTH DEPT.					7 1 1		APPEC .	
24/	A, DATE REC'D	**************************************		OF REGISTRAR	24C. FUNE	RAL DIRECTOR	61/1Be	0/12/7	DRESS WEST	- 57.
		JUL 12 19	51 Poleub	E. Janbura	BEAL	L Funo	ear Home	ANN	BROWN	m?
VS	151-REV, 1/1/	65	20 (6)	5-7-U-1	7		1.000		1	/
		1400	912		0	0 0				V

MINIA PARKE 20 P 400 11 HAPE PHILIP, PR. Коскт Данд Ветом Сатавана Ватия M. Rener James and Rosenses and The state of the s Course Zonic Georgia War Com Boggman MERLE FRANK FRANK MARKETTER

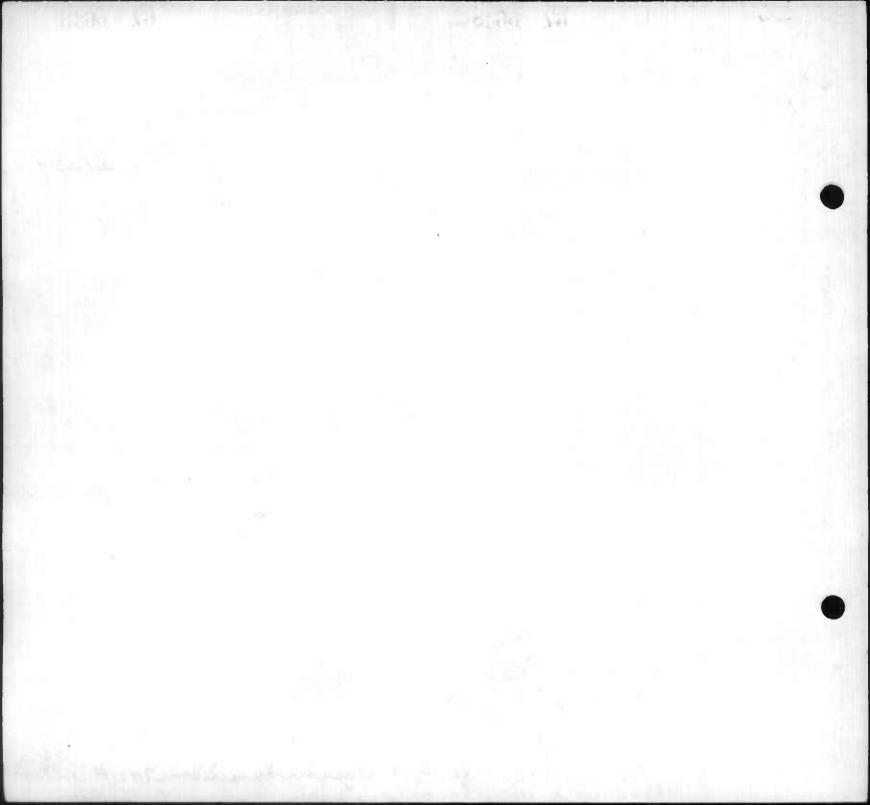
витн но. 67	6646 CERTIFICA	TE OF DEATH Register	red No. 67. 6646
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) TOTTE		2. DATE AND HOUR OF	
TOOTE	Z. BONCZEK	July 9, 19	
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased li	ved. If institution: residence before admission)
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street n)		is, write RURAL and give township)
OO 7 S. Ellwoo	od Avenue	Baltimore D. STREET ADDRESS (If rural, give loc 7 S. Ellwood Ave:	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In y. lost birthdoy)	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male White	Married 108. KIND OF BUSINESS OR INDUSTRY	7/22/04 62 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF
done during most of working life, even if retired)	Employment	No constant	WHAT COUNTRY?
Interviewer 13. FATHER'S NAME	Security	Maryland	U.S.A.
3. PATHER 3 NAME		14. MOTHER'S MAIDEN NAME	
Anthony Bonczel	Σ	Antoinette Bedn	arska
5. Was Deceased Ever in U. S. Armed For Yes, no or unknown) (If yes, give wor or date		17. INFORMANT	ADDRESS
No -	218-03-0098	Mrs. Vera Bonczek,	7 S.Ellwood Ave
18. 4	CAUSE C	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIS	RECTLY		
LEADING TO DEATH	(A)	Jertensin Cardio Vare	77
(This does not meon the mode of heart follure, astheria, etc. It means	dying, e.g., DUE TO the discose,		
injury or complication which coused	death,)	Listering Cardio Vere	ular Derines
ANTECEDENT CAUSES	(B) OUE TO	The contract of the contract o	
DISEASES OR CONDITIONS, II			
rise to the above cause (A) UNDERLYING CONDITION last.	sloting the (C)		
11			
O THE SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	ATED TO THE		
	IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE. IN CERTIFY	S, WERE FINDINGS CONSIDERED FING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID (II in ffice bldg.,	Boltimore City, give exact location)
Q 21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR	?
V (APPROX)	While At Not Whi	le	
	Work At Work	47	1 1 2 15
22. I certify that (I) (this haspita	0 //	Aucesty 5 19 7 7 10	// / / /
	//	. /	our apinion death accurred an the dat
	ted abave. (I) (W🎻 (did) (did nat)	view the bady after death.	
23A. SIGNATURE			23B. DATE SIGNED
Chu drew Lung	Canalle, M.D. Att	ending Med. Stoll Phys.	7/10/67
23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	
23C. PHYSICIAN'S NAME (Type) Andre W Kar	Man. ski M.D.	2529 800	910-1
24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	7 C+ C+	D-1+2	Ma man I am a
Burial 7/13/6	7 St. Stanislaus		
There de la comme		M.F.SADOWSKT & S	ONS, 1808 EASTERN AV
JUL 12 1967 (Port & Falluna	THE STEP ON DIEL & D.	ono, 1000 Enothin AV.
VS 150-REV. 1/1/65		0 0 5 0	



		BALTIMORE CITY	HEALTH DEPARTMENT		OM COAM
	H NO. 67 60	047 CERTIFICA	TE OF DEATH	Registered No.	67 6647
1. N./	CASE NO. AME OF DECEASED OF POST OF THE POST OF T	avid	4. USUAL RESIDENCE (Where		1.53 P. M
H	ULL NAME OF (If not in hospital or institution) OSPITAL OR oddress or location) ASTITUTION UNITED THE CONTROL OF THE CONTROL O		MARY/4	ind	JRAL and give township)
	10 1501 Dulle1	and st.	D. STREET ADDRESS (IF TO	Day S	7.
5. SI		RIED, NEVER MARRIED		AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIN during most of working life, even if retired) UNDINGTON W	nknown	11. BIRTHPLACE (Stote or foreign	,	12. CITIZEN OF WHAT COUNTRY?
3. F	Unknown		14. MOTHER'S MAIDEN NAM MAKNOWN	E	
Yes,	Vas Deceosed Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of serv	ice) 16. SOCIAL SECURITY NO. Wiener	Dille land	nusing	ADDRESS 1501 Duhla
_	18.		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givine to the obove couse (A) stoling underlying condition lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	the (C)			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
7	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21°C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDI	21 D. TIME (Monih) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED White At Not White Work Not Work		RY OCCUR?	2
	22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased allve and haur and from the causes stated obay	an 7-11	1967 and that	in(my) (aur) apin	7 - 19 6 7
	Themes W- A	Kans M.D. Att	/s. Director P	toff hys.	7-11-67
	BURIAL CREMATION, PAR DATE REMOVAL (Specify) REMOVAL (Specify)	HARRIS M.D. C. NAME OF CEMETERY OF CR	23D. ADDRESS 1824 W FI EMATORY 24D. LO	CATION (City	y ST (, town, or county) (State)
25A	DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	P. G	L ADDRESSY A



			67	7. 664	A BALTIMORE CITY	HEALTH DEPARTMEN	Т	67. 6648
		TH NO.	0,	, 00	CERTIFICA	TE OF DEATH	Registered No	07, 0040
	1, N	AME OF DEC	EASED		- 1		E AND HOUR OF DEATH	
		e ar Print)	JOHN 5.	٤.	riglehARD	7	-9-67	6:50 PM.
	3. F	PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	•		Where deceased lived. If OUNTY	institution: residence befare admission)
		FULL NAME O	F (If not in hospital oddress or location		give street	Md		
		NSTITUTION	oddress of locono	n/		C. CITY OR TOWN		RURAL and give township
7	1	Chu	Rch Itome	1 /0	tas himal	D. STREET ADDRESS	(If rural, give location)	2100
ò			CCU IVO		7.00,	7/17	MARS	AUS 91234
3	5. S	EX	6. RACE		NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
		M	iu	WIDOWE	b, bivokceb (specify)	3-5-87	8-0	17.011113
			JPATION (Give kind of warl working life, even if retired)	108, KIND OF	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	.00	Dredge		Arunde	el Corp.	Mid.		USA
5	13.	FATHER'S NAM	,	/		14. MOTHER'S MAIDEN	NAME	
2	/	HENRI	y Engle	HARI	7	BARBARA	VEAUP	R
3	15. Yes	Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		No			216-05-1025A	Mrs Katie E	ngelhardt 761	7 Mars Avenue
5		18.	3 X I		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		DISEAS	E OF CONDITION DI	RECTLY	7	4-	,	ONSE! AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO			CINIOWA OF	Lung	Years	
3		heart failure, asthenio, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES (B) (N-eumen 1 M) DUE TO						weeks	
0	DISEASES OR CONDITIONS, if any, giving Bupper habe Inhelliant						to do not not not not not not not not not no	
3	rise to the obove cause (A) stating the (C)					f undeleun	Hater	
5								
E	ATION		FICANT CONDITIONS C			0' 0	7.	1
0	CAT		CONDITION CAUSING	T.	Junera		Terio sole	
	CERTIFIC	OF CONTRACTOR	WAS PER		WHICH OPERATION	20A. AUTOPSY? (Yes o		FINDINGS CONSIDERED AUSES OF DEATH?
5	CER	21 A. ACCIDEN	NT WAS UNDERLYING TING CAUSE OF	218	PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DE	D (If in Boltime	ore City, give exact location)
9	⋖		medical examiner)	hom elc.	ne, form, foctory, street, of .)	ffice bldg., INJURY OCCU	R?	
	EDIC	21 D. TIME	(Month) (Doy) (Year)	(Haur) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	W	(APPROX.)		Wh	nile At Not Whil			
2		22 Leartify	that (1) (this hospital			10- JUNE	19 6 7 ta	9 JULY 1902.
5			lost sow the deceose		, p. 400			pinian deoth occurred on the date
3					l) (We) (did) (did not) v			A THE GOOM OCCOMES ON THE GOVE
2		23A. SIGNATU		. 1				23B. DATE SIGNED
5		Fre	ucias)	Toas	M.D. Atte	ending Med. Director	Staff Phys.	7-9-67
>		23/C. PHYSICIA		100		23D. ADDRESS		1) ~ ~ 1
		FR	ANCISCO	134	LTA2179	Church	Home &	Herpith!
3	24A	BURIAL CRE	MATION, 248. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24	D. LOCATION (City, town, or county) (State)
		Burial	7-12-19	967 Par	rkwood Cemeter	v	Baltimore	Md
	25A		BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIREC	TOR	ADDRESS 36
			JUL 12 1967	R. Post	y E stanburta	Lasender	Lynesallo	27 HOIB. Dan Roa
	VS	150-REV. 1/1/6	55	10-11-1	'w'	1000	U	



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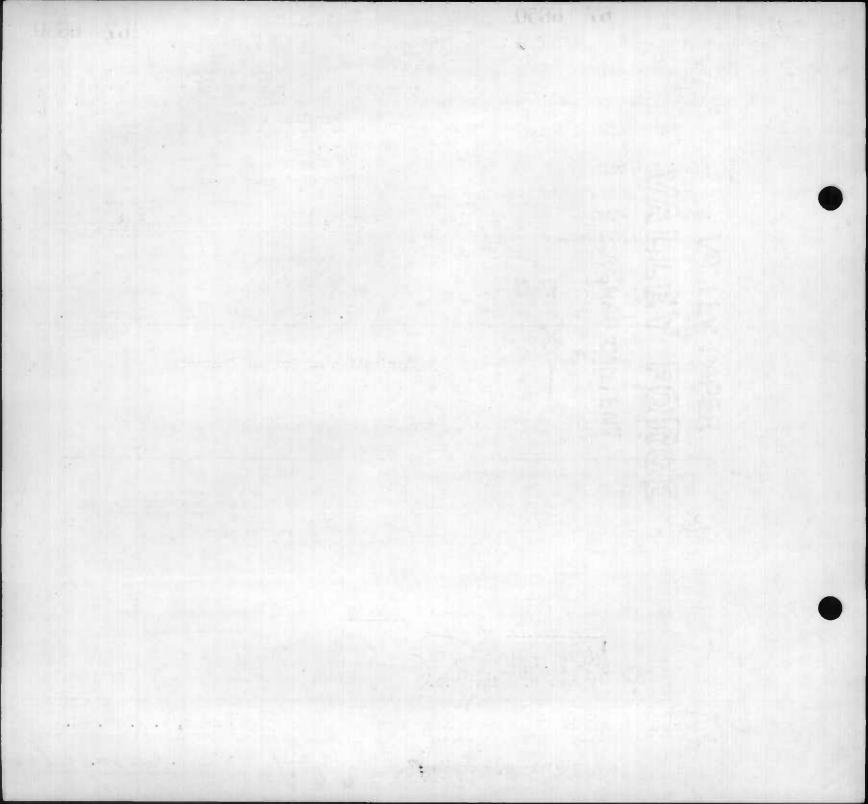
OP 0	BALTIMORE CITY	HEALTH DEPARTMENT	1/6	7 6649
BIRTH NO. 67, 60	CERTIFICAT	TE OF DEATH	Registered Na. 6	7, 0040
M.E. CASE NO. 1. NAME OF DECEASED	OEKTII TO/ CI		DIHOUR OF, DEATH	4.1
(Type or Print) a / M // =	PS C		. (
3. PLACE OF DEATH IN BALTIMORE, MANYLAND	JC JR		R. # 7967	M456 P M.
STEACE OF BEATT IN THE INVOKE, IMPAILANTE		A. STATE B. COUN	CA	RPNICO:
FULL NAME OF (If not in hospital or institut	ion, give street	MARGLAM D	Westmer	untte II
HOSPITAL OR oddress or lacotion) INSTITUTION		C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)
UNIVERSITY H	OSPITAL	Westme	noter	56-00
30		D. STREET ADDRESS (If	rural, give location)	
28		R+, 7 B	n 196	
SEX 6. RACE 7. MAR			9. AGE (In years	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
MALE While WIDO	OWED, DIVORCED (specify)	3/20/26	lost birthdoy)	Nonths Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreign	an country)	12, CITIZEN OF
ne during most of working life, even if retired)		1	gii coomiy	WHAT COUNTRY?
Bulcher WHI	plesale monts	CARROLL CO	, MD.	M.Sig.
FATHER'S NAME	1	4. MOTHER'S MAIDEN NAM	ME	
1 21 713. (1)		11 0.	2-	
Was Deceased Ever in U. S. Affed Forces?	1 6. SOCIAL	7. INFORMANT	nyers	ADDRESS
es, no or unknown) (If yes, give wit or dotes of serv	SECURITY NO.	A INFORMANT	0	mi
YES WWII	219-20-1869	MAC VIDIFT	S. MYFROS W	ESTMINSTED OF
18. 2 2 2 1	CAUSE OF	DEATH	0,1110,010	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) BRAW	STem Comm	corner with	ida.
(This daes not meon the made of dying,	e.g., DUE TO	A F	a had	- lawy
heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	eose,	Expustry F Cerebral	nance	, 0
ANTECEDENT CAUSES	(B)	Cerebral	Edima	1day
	DOL 10		4	8
DISEASES OR CONDITIONS, if ony, gi	7.41.4	total Park	tra Throng	ous 11/2 Days
UNDERLYING CONDITION last.	10/	us vou con co		Town on Day
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
194 DATE OF OPERATION THE CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		
WAS PERFORMED		Vec	IN CERTIFYING CAUSE	S OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C, WHERE DID	(If in Boltimore C	ity, give exact location)
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi etc.)	ce bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not While At Work			
20 1				
22. I certify that (I) (this hospital) ottend			9ta	
that (I) (we) lost sow the deceased alive	an	19 and the	ot in(my) (aur) opinio	n death occurred an the date
and hour and from the causes stated above	re. (1) (We) (did) (did nat) vi	ew the bady after death.		
23A. SIGNATURE			23	B. DATE SIGNED
Straken 21	// M.D. Atten		Stoff	7/0/17
Auguren Hame	Phys.		Phy s.	1/0/0/
23C.PHYSICIAN'S NAME (Type)	0.0	D. ADDRESS		
Maria Maria	M.D.			
AA. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CREA	AATORY 24D. LC	OCATION (City,	town, or county) (State)
REMOVAL (Specify) 7/13/1-	00 +11	110	- / / / :	+ 0040-
12mml 1/16/6)	reessand Va	elly Cemeler	Westrums	lu XX# 1. md.
JUL 12 1967	ME OF REGISTRAR	25C. LUNERAL DIRECTOR	0	ADDRESS'
THE LY IMPLEDED	THE ATTY TO A STATE OF THE PARTY OF THE PART			
205 TH 1901 1 1/0%	Leng E . Janeon	1 2 mm	neso, b. Me	thurster md

HARATAN DIN HERMANNESS CO. Westmonater W UNDERSON BETTALL RH7 Boy 196 3/20/26 41 MALE WHILE Marriage A Building Marke Monte Carpoll (c) MD 11-514 Marie Salaran Mead myers 219-20-1869 MR VINLET S. MYERS WESTMINSTER YES WHILE Will Street Congression and Land Continal Edema 1600 Obsternal Garattel Francisco Di Dogo 234 Stephen Harmon J. 78/8/2 Burnet

7/12/27 Pleasant Willey Engelow Watermenter P. E. F. 228

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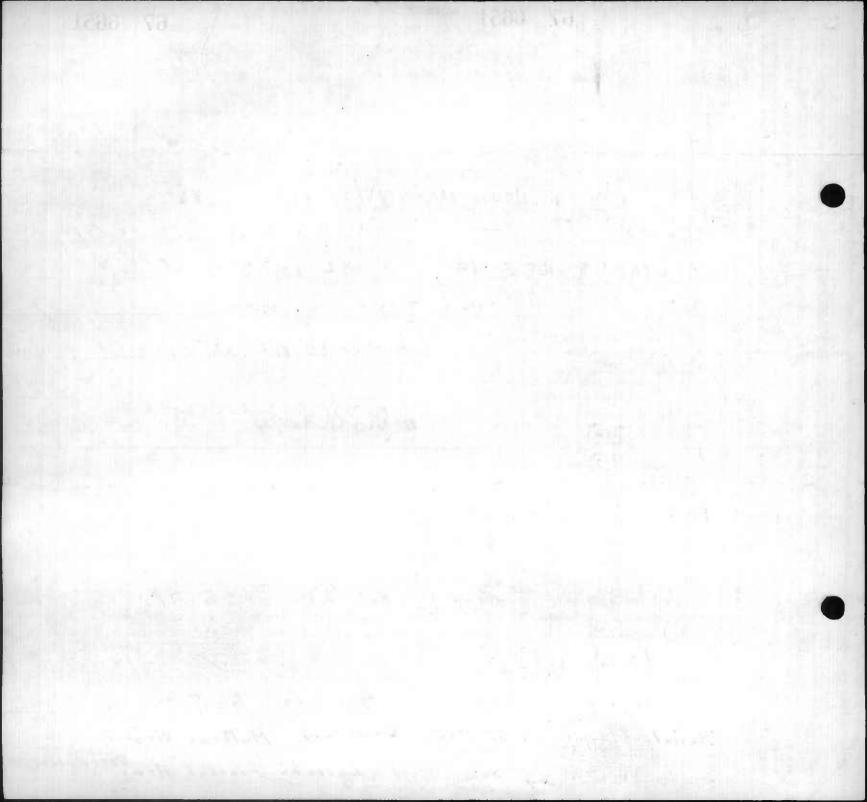
		67	6650	BALTIMORE CITY HEA	LTH DEPARTMEN	NT		on el	650
	H NO. 67-1	10258	MEDICAL	EXAMINER'S C	ERTIFICA [*]	TE OF [DEATH Register	red No. 67 Ot	000
1. P	NAME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
	DAVID		S.	LEON		Jul:	y 10, 1967	4:05 I	
3. P	LACE IN BALT	IMORE, MARY	LAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. If insti B. COU	tution: residence before od NTY	mission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT II	N HOSPITAL OR II	NSTITUTION, GIVE STREET		yland WN (If outside	e corporote limits, write	RURAL ond give townshi	p)//
1					Balti			04/1	
0	Sinai Ho	ospital			D. STREET ADD				
5. S	EV	6. RACE	7 44 61	RRIED, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years	If Under 1 Yr. If Under	24 Hrs
			WIDOV	WED, DIVORCED (specify)	B. DATE OF BIRT	"	lost birthdoy)	Months , Doys , Hours	
	Male	White		Single	May 25,			1½	
don	USUAL OCC	UPATION (Give working life, ever	kind of work 108. KIP n if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or foreig	jn country/	12. CITIZEN OF WHAT COUNTRY?	
	Non			None		AIR PAR STANK		USA	
13.1	ATHER'S NAN	ΛE			14. MOTHER'S M	AIDEN NAM	t .		
		Barry				ria Pett	У		
			S. ARMED FORCE wor or doles of ser		17. INFORMANT			ADDRESS	
	No				Mr. Ba	rry Leo	nard 5029 (Chalgrove Ave	•
	1B.	2.0		CAUS	OF DEATH			INTERVAL BE	
	DISEA	SE OR COND	ITION DIRECTLY					ONSET AND	DEATH
	DISEA	LEADING T		(A) Asp	iration o	f Stoma	ch Contents		
	heort foilure	, osthenio, etc.	mode of dying. It meons the dis	e.g., DUE TO					
	injury or co	mplication whic	th coused deoth.)						
	,	ANTECEDENT	· CAUSES	480				1	
			ONS, IF ANY, GIV		***************************************				
		NG CONDITIO		inc					
NO				(C)					
CERTIFICATION	OTHER SIG	NIFICANT CO	NDITIONS CONTR	RUTING					
S	TO THE	DEATH BUT	NOT RELATED						
RTI		R CONDITION		FOR WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20B. IF YES, WERE FIR	NDINGS CONSIDERED	
CE		0.500	WAS PERFORMED		Ye		IN CERTIFYING CAUS	SES OF DEATH?	es
AL	21 A. EXTERNA	L CAUSE WA	S	218, PLACE OF INJURY (e.g.,	in or obout 21C.	WHERE DID	(If in Boltimore City, gi		
5		OR CONTRIB		home, form, foctory, street, etc.)	office bldg., INJUR	Y OCCUR?			
MEDICAL						OW DID ININ	HAY O GGHAN		
	OF INJURY	(Month) (D	loy) (Yeor) (Ho			OW DID INJ	URT OCCUR?		
	(APPROX.)			m. WHILE AT NOT	WHILE WORK				
	22.	tify that I he	eld on Inquiry	Inspection Au	topsy X on	d that on th	is bosis, death In n	ny opinton	
							Undetermined manne		
	resu	Trea from: IN	atural causes X	Accident			XAMINER _	er;	
	ACTUA	L IAI	102.0	1 5 -				DATE SIG	NED
	SIGNAT	URE	a juing	M.T				7/11/67	
	NAME (Туре)		Spitz, M.D.	ASSOCIATE A			7/11/67	
	MOVAL (Specif		B. DATE	23C. NAME OF CEMETERY					Stoto)
	Burial		7 12 67	Glen Hav	en	GI	Len Burnie,	A. A. Co. Md.	
24	A. DATE REC'D	BY HEALTH	DEPT. 248. N	AME OF REGISTRAR	24C. FUNE	RAL DIRECTOR	R	ADDRESS	
				. 0 7.0	Mc	Cully	130 E.	Fort Ave.	
	161 551	1 12 19	67 R.P.	TE TOWN	0 4 4	1	-5-24		
VS	151-KEV. 171)	703	72/0		9 0	0 0			



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	67 66	351 BALTIMORE CITY	HEALTH DEPARTMENT	1/ 01	OOF 4
81 R	TH NO. 07. 00	CERTIFICA	TE OF DEATH	Registered No. 6	7 6651
M.	E CASE NO.			HOUR OF DEATH	
	pe or Print) TOHN W. RORL	1 No	TIMV	2 1967	17:00 A.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND			Jeceosed fived. Il institu	ution: residence before odmission)
			A. STATE B. COUNTY	CEV	
	FULL NAME OF (ff not in hospital or institut MOSPITAL OR oddress or location)	ion, give street	NEW JER		
1	NO THE PROPERTY AND A STATE OF	110-0,701	C. CITY OR TOWN (If outside	a city limits, write RUR	(AL ond give township)
1	MARYLAN GRMRRAL	- MUSTITUL	D. STREET ADDRESS (If ruro	aive location)	- 2 /
	110		D. STREET ADDRESS (11 1010	130 <	7
2	SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH 19.	166	7 - 1 - 1 - 1 - 2 - 11 - 1 - 2 - 11 - 1 -
J	M W WIDO	OWED, DIVORCED (specify)		AGE (In years I highday)	If Under 1 Yr. II Under 24 Hrs. Annths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN) a during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
don	SRAMAN		VIRGINI	14	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	0 371
	anima pie Ama	1100	RIITADE	-41 1 A	CIAV
15	COLUMBUS 1306		BLIZABR	11 40	WKY
(Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	102-12-7283	-A Hosp. Record	ds	
	18.	CAUSE O			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		(0)		ONSET AND DEATH
	LEADING TO DEATH	(A)	10CARDIAL	1X(1/1/12C	-11001 /2 hou
	(This does not meen the made of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(B)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	DISEASES OR CONDITIONS, if any, gi	_	RTIZRIOSCHIZ	120515	120 1/000-
	rise to the obave cause (A) sloting	the (C)	MARINGE CON		160 1/201/62
	UNDERLYING CONDITION last,				
z	OTHER SIGNASIANT CONDITIONS CONTRIBI	ITING			
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO				
CA	19A. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 2	OR IF YES WERE FIN	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED	PRACTATION N	YAZ O'Y PARKIN AID	N CERTIFYING CAUSE	ES OF DEATH?
CER	21A, ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	((I in Boltimore C	ity, give exact facation)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, lorm, foctory, street, of	ffice bldg., INJURY OCCUR?		.,,
U					
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY	f OCCUR?	
2	(APPROX)	While At Not While At Work			/
	22. I certify that (1) (this haspital) attend	ed the deceased from	118/67 19	107./	319.62.,
	that (1) (we) lost sow the deceased alive	7/2//7		- (on death occurred on the date
		1 2 2		in(my) (our) opinio	on death accurred on the date
	ond hour and from the causes stated above	re. (I) (We) (did) (did not) v	riew the body ofter deoth.		
	23A. SIGNATURE	0.0	ending Med. Sto		B. DATE SIGNED
	I con Herria	M.D. Atte	ending Med. Sto Sto Director Phy	ys. L	7/3/61
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	C.M. HARRICE	n) / M.D.	MARVIANIN	GANTERA.	L HOSPITAL
241		C. NAME of CEMETERY OF CR	EMATORY 24D. LOC	ATION (City.	town, or county) (Stote)
	REMOVAL (Specify)	0 1 /	emelary M.		
05	30 via/ 7/7/67		/ //4	elheus VI	rginia
251	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C, FUNERAL DIRECTOR		7401 Beluir Ru
	JUL 12 1967 A Q	RE Stable MA	Lasga ha to	ineval Ho	ome
VS	150-REV. 1/1/65		000		312



67. 6652	BALTIMORE CIT	Y HEALTH DEPARTMENT	Ch	0050
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Re	gisfered Na. 67	6652
THE CHARLES		2, DATE AND HOL	UR OF DEATH	
(Type or Print) DANTHIYER IN	PARSORIE	7-9-6	7	A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where dece	osed lived. If institution: re	sidence before admission)
FULL NAME OF (If not in hospital or institution,	give stroot		Baltimore (
HOSPITAL OR oddross or location) INSTITUTION		N	ty limits, write RURAL and	givo township)
SINA HOSPITAL OF	BALTIMOR	OWNINGS IIIL		33-00
INC.		D. STREET ADDRESS (If rurol, g	ive location)	
	NEVER MARRIED			1 Yr. If Under 24 Hrs.
	O, DIVORCED (specify)	May 16 41 lost bir	(In years of Months)	Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF	BUSINESS OR INDUSTRY		ntry) 12. CITI:	ZEN OF
doge during most of working life, even if retired)	ER FIRM	MARYLAND		AT COUNTRY?
LEGAL SECT. AGUY	7	14. MOTHER'S MAIDEN NAME		
JOSEPH W. ZAYWAREI	iz .	Rhea Havet		
15. Was Decoased Ever in U. S. Armos Forces?	1 6. SOCIAL	17 INFORMANT	. 1	ADDRESS 4 -
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	- Mayne S	autmyer, 5	1 Tollgate Ro
/Vo /Vo	216 38-32	DE DEATH	Ow	INGS Mills, W
1B.	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Themia		30 days
(This does not meon the mode of dying, e.g.,	DUE TO			
heart failure, asthonio, etc. It means the disease, injury or complication which coused death.)		Carrie (Felor	enhalis	20 000
ANTECEDENT CAUSES	(B) DUE TO	O lota moll	1.	
DISEASES OR CONDITIONS, if ony, giving	1	Inteles mell	itus 1	12 yrs
rise to the obove cause (A) stoling the UNDERLYING CONDITION lost.		0 m m m m m m m m m m m 0 m m m m 0 m 0	J	
ii ii				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN				
DISEASE OR CONDITION CAUSING IT.		[20A. AUTQP\$Y? (Yes or No)] 20B.	IE VES WERE SINDINGS	CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	NONE	IN IN	CERTIFYING CAUSES OF	DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B	PLACE OF INJURY (o.g.,	in or obout 21 C. WHERE DID	(If in Boltimore City, giv.	e exact location)
d DEATH (notify medical examiner)		office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJURY O	CCUR?	
	ile At Whot Wh			
22 1 w		7-7- 196	7 7-9-	10/07
22. I certify that (I) (this hospital) attended t	7-9-	/		196/
that (I) (we) last saw the deceased alive an			my) (our) apinian dea	th accurred an the date
and haur and from the causes stated above. ((We) (did) (did-not)	view the bady after death.	238 DAT	E SIGNED
tell tarker	M.D. AI	tonding Med. Stoff Phys.		9-67
23C. PHISICIANS	Ph	ys. Diroctor Phys.		, 0,
NAME (Type) LEPP PRKET	2 M.D.	0 1/10 1	ALT. INC.	
	AME of CEMETERY OF CI	07.0.77	ON (City, town, o	or county) (State)
REMOVAL (Spocify)		0 11 -	-1/- 1.	1
BULLA LA	Re VIEW /	Meur. PAr K. Sy Ke	esville, M	nuy Aud.
JUL 12 1967. 12.02. A	E tarbuna	1/ T T LI	14 A	10011
VS 150-REV. 1/1/65	7 0 11	M.V. ECKHAV	at comin	95 Mills, W
73 134-KE 71 17 17 03		O D D		

PARTIED # Buttones

Zig Rhen Hasqi Santanger, St. Tellyate St.

Lingue Santanger, St. Tellyate St.

Burial

7/12/67 Lake View Men Park Sykesville, Wanyland.
H.J. Eckhardt Owings Willshold

S 00 30

201	BALTIMORE CITY HEALTH DEPARTMENT
36 G 3 G	BIRTH NO. M.E. CASE NO. 67. 6653 CERTIFICATE OF DEATH Registered No. 67 6653
and ase ase the the Suc	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
5 0 0	FULL NAME OF (If not in hospital or institution, give street) A. STATE B. COUNTY Manula Nd. Q. Q. C. 6
	HOSPITAL OR oddress ar lacotian) INSTITUTION C. CITY OR TOWN of outside city limits, write RURAL and give township)
	D. STREET ADDRESS (If rurol, give location)
TO	South Boltimore GENEral Hosp Rt. #10 Box #86E. Laure Dr.
ath occurrent contribution of the contribution of the contribution of the contribution is made	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify) 1. Married, Never Married Widdle State Of Birth Wind Months Doys Hours Min. 1. Married, Never Married Winder 24 Hrs. Months Doys Hours Min.
con con eterr n re- n re-	10% USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? Housewife At Home 11 S A
dea Und us i as i	Housewife At Home USA 13. FATHERS NAME 14. MOTHERS MAIDEN NAME
if (4)	West Walden Sucan il Kellum
2010	15. Wos Deceased Ever in U. S. Armed Folces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
Si tabori	No Mr. Joseph H. Cox Box 86 E. Rt. 10, Pasadena
o de o	18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY CAUSE OF DEATH ONSET AND DEATH
Als	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the mode of dying, e.g., heoit failure, asthenia, etc. It meons the disease, injury or camplicotion which coused death.) ANTECEDENT CAUSES (B) Course of over
er. ctur pron	heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)
A fra	DOE 10
3) / W	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)
ical ial is; (cia as ain	UNDERLYING CONDITION last.
med burr burr hysi n w rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
by a me by a me 2) Body by e the phy physician ore the re	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
he ch l by (2) Bore pre th physicore	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exect locotion)
tal tal	OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
he hospitany nature; and nature; and (6) No and (6) No abtained between	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Month (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
he h hy no nxcep and btail	(APPROX.) Work At Work
6 5 5	22. I certify that (#)(this hospital) attended the deceased from 1967 to 7-7 1967, that (#)(we) last sow the deceased alive on 7-9 1967 and that in (we) (our) apinion death accurred on the date
ust be ap assed to dent of ospital (death); must be	ond hour ond from the causes stoted obave. (1) (We) (dld) (dld not) view the body after death.
3 6 5 5	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 7-10-67.
rel acc t a	23C.PHYSICIAN'S NAME (Tyge) 23D. ADDRESS 23D. ADDRESS
This certificate m the body was reli shows: (1) An acci was D.O.A. at a t deceased prior to	Richard N. REEd. M.D. 1213 Light StrEET.
body ws: (1) body ws: (1) booy	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
This certify the body shows: (1) was D.O. deceased written a	Burial 7 12 67 Glen Haven Glen Burnie, A. A. CO. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	JUL 12 1967 R. C. fr E. Fort ave
	VS 150-REV. 1/1/65



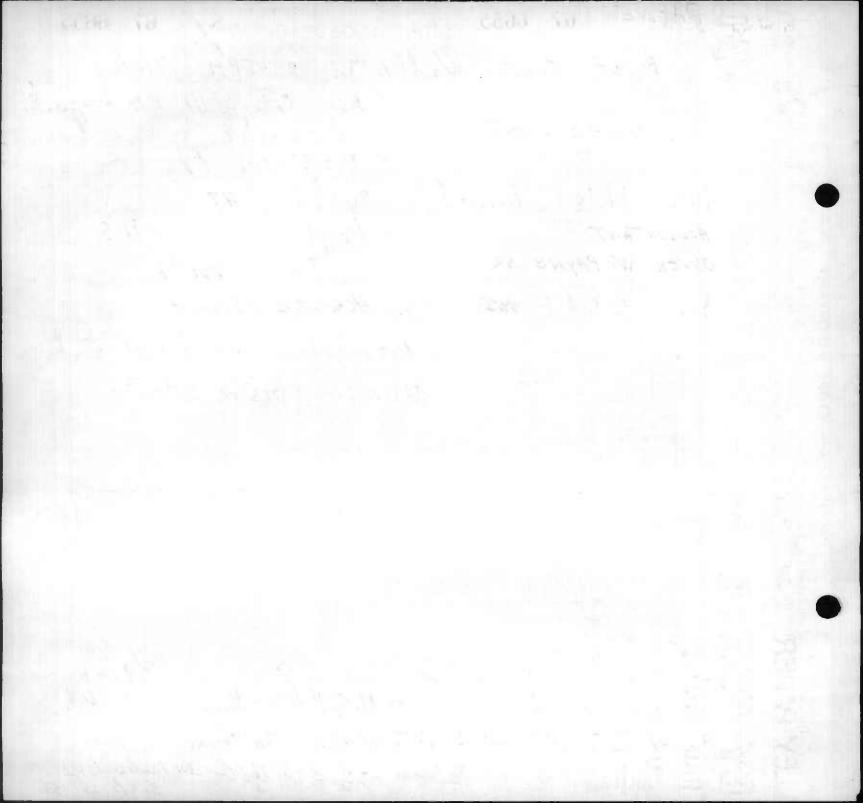
Ecoo ye

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such D. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	10	67. 6654
BIRTH NO. 67 665	4 CERTIFICA	TE OF DEATH	Registered No.	07, 0004
M.E. CASE NO. 1. NAME OF DECEASED (Type of Phill LKERSON, Donnie	Wilson.	Vro 8 d.	HOUR OF DEATH	1:16 A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE , B. COUNT	Y	itution; residence before edmission
FULL NAME OF (If not in haspital or institution, of HOSPITAL OR oddress or location) INSTITUTION	givo streot	Maryland C. CITY OF TOWN (IF outs)		Ster (s,
	1-11	BishopVa	311	73.00
University of Mary	land Hosp	D. STREET ADDRESS / (If ru	130x 127	
Male Cau. WIDOWE	NEVER MARRIED D. DIVORCED (specify)	18 May 1960 10	AGE (In yoors st birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF done during most of working life, even il refired)	hild	Maryland	n Country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME DONNIE WOLKERSO.	0	14. MOTHER'S MAIDEN NAM		wis
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ac of a	ADDRESS
(Yes, no or unknown) (If yes, give wer or dotes of service)	SECURITY NO.	Mother	•	same
18. 7 5 4 01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	prospital h	zart dis	27.43
(This does not mean the mode of dying, e.g.,	(A) DUE TO	orgenital h	- / = //	1
heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)		1/ Erralogy	of rallot	
ANTECEDENT CAUSES	(B)		· · · · · · · · · · · · · · · · · · ·	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
DISEASES OR CONDITIONS, if ony, giving	00110			To U
rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(C)			>>>> + + + + + + + + + + + + + + + + +
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	1 - 11	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21K	PLACE OF INJURY (e.g., i e, form, factory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore (City, give exect location)
Q 21D, TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
	le At Not While			,
22. I certify that (I) (this haspital) attended the		0 /	67 to 8	July 1967
that (!) (we) last sow the deceased alive an	8 July	- C- C1	/	an death occurred an the da
and hour and from the causes stated above.) (We) (did) (did not) ;	/	, , , , , , , , , , , , , , , , , , ,	on doon occomed an me go
28A. SIGNATURE	/ (we) (did) (did noi) (riew the body differ death.		238, DATE ŞIGNED
Johanfor Wid.	M.D. Atte		itoff thys.	8 Luly 1961
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS	Uda Hosp	,
24A. BURIAL CREMATION, 24B. DATE 24C. N.	AME of CEMETERY OF CR		CATION (City,	, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME C	of registrar	25C. FUNESAL DIRECTOR	llequelle	susseft XVIII.
305 70 1301 (10090	E. Jankerma	titer Why	by Sell	youll, Del.
VS 150-REV. 1/1/65		~ ~ ~ ~	/	

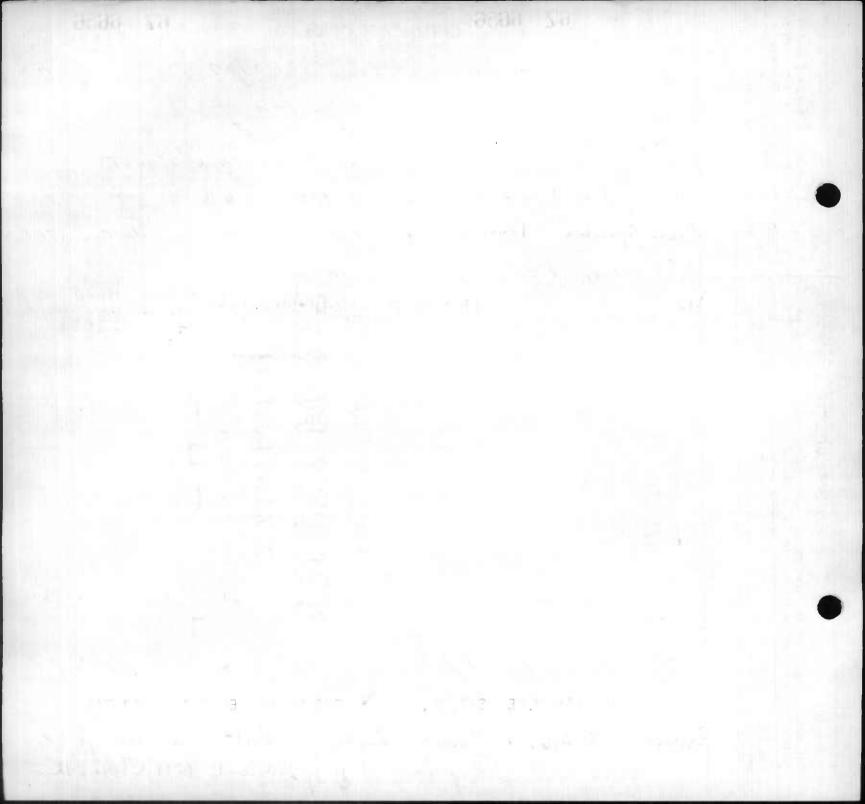
1080 NO

	PATNE 67 66	BALTIMORE CITY	HEALTH DEPARTMENT	10	CHY	COFF
BIRTH M.E.	NO. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	6/	6655
1. NA	AME OF DECEASED OF PRINTIPOR PAYNE FOR ANY LAND	t Waddi	2. DATE AN 2.4 4. USUAL RESIDENCE (Whore A. STATE B. COUN		7/F/	Midence before admission)
H	ULL NAME OF (If not in hospital or institution oddress or location) V.S.P.H. Hospi		et ensu	enstrule side city limits, write	HID RURAL ond	People R/ give tow/ship? Ballo Co
C	28		Wie Vegi	urol, give location)	#28.	53.00
5. SE	1. A RACE 7. MARR WIDO LE USUAL OCCUPATION (Give kind of work 108, KINE	NED, NEVER MARRIED DWED, DIVORCED (specify)		ost birthdoy)	Months D	Yr. If Under 24 Hrs.
R	during most of working lite, even if retired) ACCOUNTANT ATHER'S NAME	OF BUSINESS ON INDUSTRI	Mary land			COUNTRY?
0	liver W. PAYNE S		Emma	heet	h	
Yes,	Vas Deceased Ever in U. S. Armed Forces? Ino of unknown) (If yes, give wor of doles of servi	16. SOCIAL SECURITY NO. WI 220 - 03-4/00	HOSPITAL	RECORDS		ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	testatic	Renal		NSET AND DEATH
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES	e.g., DUE/TO	entire Go		tenti	5
	DISEASES OR CONDITIONS, if any, gir rise to the above cause (A) stating UNDERLYING CONDITION last.	ving				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS (USES OF D	CONSIDERED EATH?
7	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimor	re City, give	exact locution)
5	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not While At Work		URY OCCUR?	,	
	22. I certify that (I) (this haspital) attend			9to		19
	that (1) (we) last sow the deceased alive and hour and from the couses stated abov			of in (my) (our) op	Inion death	occurred on the dat
	Dengel hul	care Phy		Stoff Phys.	23B. DATE	SIGNED 6
	Corge H. Greidin	Ger M.D.	U.S.P.H.S.	Hosp /	Balt	fel.
13 13	BURIAL 7/12/67	BAITO NATION	1 1 1	al Timore	City, town, or	Md.
25A.	DATE REC'D BY HEALTH DEPT. 25B. NA/	ME OF REGISTRAR	25C. FUNERAL DIRECTOR		Freder	ADDRESS Sick Rd
VS 1	50-REV. 1/10 L 12 1301 (160 et	N C , The state of	10,000		Ball	3.28 Md.



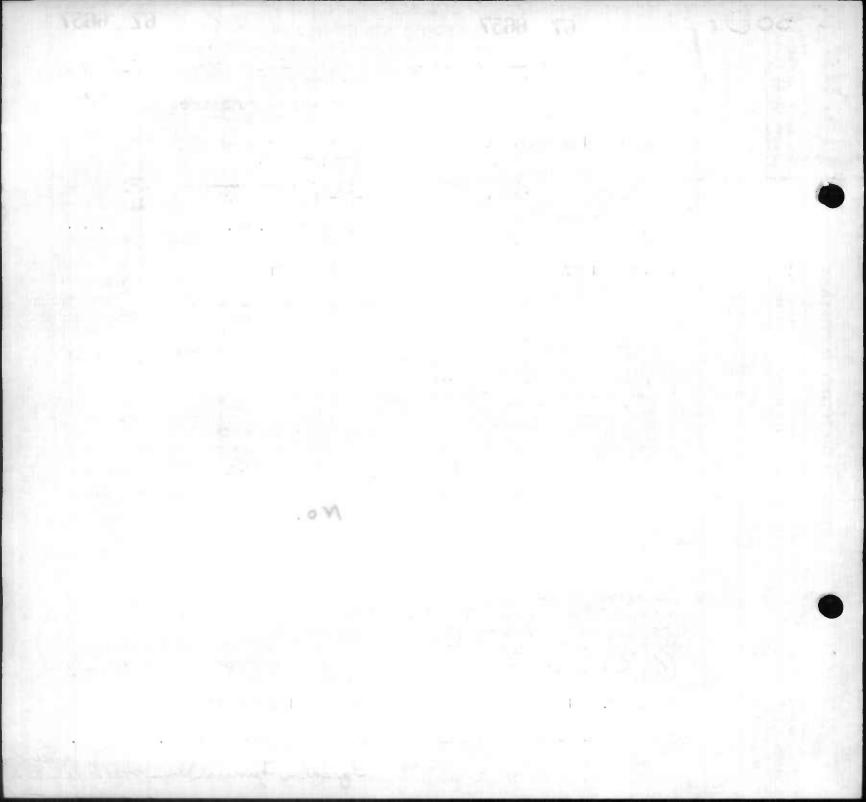
This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct ar cantributing cause af death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the deceased priar to death. Such written appraval must be obtained befare the remains are embalmed or final dispasition is made.

67 6656 BALTIMORE CITY HEALTH DEPARTMENT	0000
CERTIFICATE OF DEATH Registered No. 12	<u>dCdd</u>
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) PORTER, HUGH WELTY 7/10/69	5 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. II institution; res	idence before odmission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	
INSTITUTION IN OUR CONTROL ON	give township)
UNION MEMORIAL HOSPITAL D. STREET ADDRESS (If rurol, singe location)	1200
2106 ST. PAUL STREE	7
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) lost birthdoy) Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.
SEPARATED 6/9/4 63	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZI done during most of working life, even if retired WHA	EN OF T COUNTRY?
Craw Grenator Power ompany PENNSYLVANIA UN	ITED STATES
14. MOTHER'S MAIDEN NAME	
WILLIAM PORTER UNKNOWN	ADORES
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	BOAD - 21071
191096125 WIFE Makin locter GLYNDE	ON, MARYLAND
	NTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(This daes not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
injuly at camplication which caused death.)	
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the (C)	
UNDERLYING CONDITION Iasi.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS OF DESCRIPTION IN CERTIFYING CAUSES OF D	CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give	
O 27-A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give home, form, foctory, street, office bldg., INJURY OCCUR?	exoct locomon)
21D. TIME (Month) (Day) (Year) (Hour) 21E IN ILLEY OCCUPRED 21E HOW DID IN ILLEY OCCUP?	
OF INJURY (APPROX.) While At Not White Work At Work	
22. I certify that (1) (this hospited) attended the deceased from Jahr 6 1967 to Jahr	10 1967
that (I) (we) last saw the deceased alive an TUAY 10 19 67 and that in (my) (evr) apinion death	
and haur and from the causes stated above. (I) (We) (did) (did not) view the body after death.	Taccontact on the date
23A. SIGNATURE) 1 (1) (1) (23B. DATE	SIGNED
M.D. Attending Med. Stoff Phys. Phys	110/67
23C. PHYSICIAM'S NAME (Type) 23D. ADDRESS	
WILLIAM H.OEHLERT, JR., M.D. THE UNION MEMORIAL HOSP	ITAL
24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or	county) Stote)
Burial 7/12/67 Baltimore Come terry Baltimorio M	angleral.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNEIAL DIRECTOR	ADDRESS
VS 150-REV. 1/1/65 PLOS P. R. S. Stanberg Shily E. Sweek 1211 CL	respect this
V3 130-16 (1 11 10 3	



FUNERAL DIRECTOR: IMPORTANT	.5
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such	30
Written approved must be obtained before the semains are embalmed or final disposition is made	

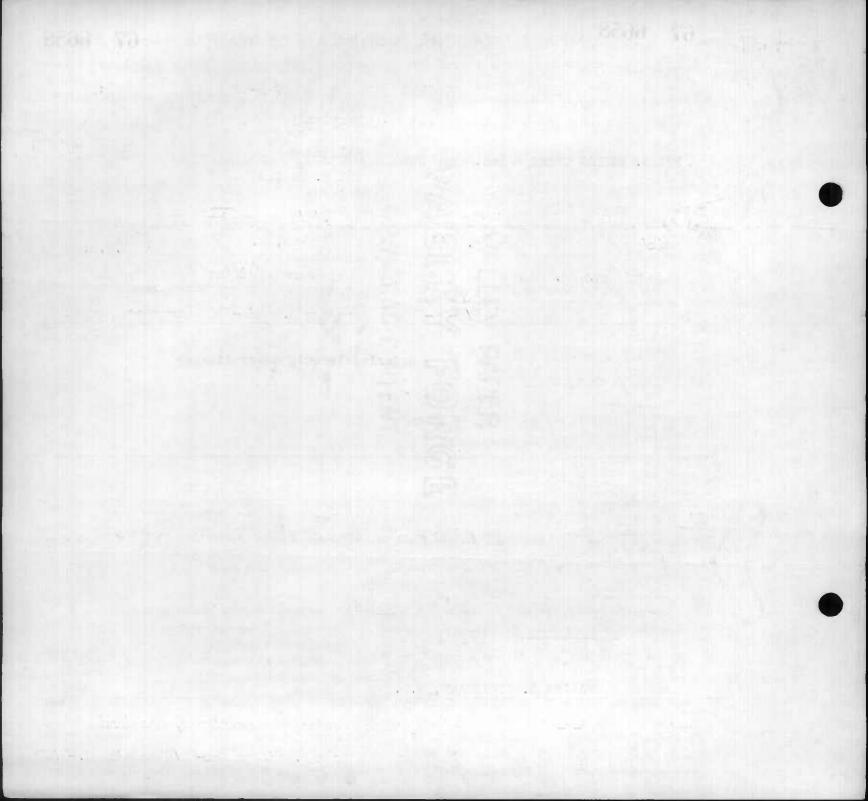
	CM	COS	7	HEALTH DEPARTMENT	- /	67, 6657
BIRTH NO. M.E. CASE NO.	91.	665	CERTIFICA	TE OF DEATH	Registered Na.	01, 0001
1. NAME OF DE (Type or Print)	Schadi	e AC	RILLA.		SO AM	7/10/1967
. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND	7-1-10-1	4. USUAL RESIDENCE (WHA, STATE B. COU		nstitutian; residenco beforo admissio
FULL NAME	OF (If not in hospital	or institution of	and others	MARYLAND	Ball timore	. Co
HOSPITAL OF	R oddress or locatio	n)	146 311661			RURAL ond give township)
	UNC HODICING	OCDITAL		WHITE MARSH		53-00
2 2	HNS HOPKINS H	IUSPITAL	•	D. STREET ADDRESS		
20				REDLINE ROA		
5. SEX	6. RACE WHITE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (tn years lost birthday)	Months Doys Hours Min.
OA USUAL OC		MARR I		4-26-89	78.	12. CITIZEN OF
	of working life, even if retired)	Home		Baltimore Co		WHAT COUNTRY?
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME	
WII	LIAM KNIGHT			ADA MORRI	S	
5. Wos Deceos	ed Ever in U. S. Armed For	cos?	16. SOCIAL	17. INFORMANT		ADDRESS
No.	while yes, give wor or dole	s of service	None	Mrs Viola Schu	ltz Red Lior	Road White Marsh
18. 3 3	3/XIY-6	260)	CAUSE O		4	INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	(La farmine Carlo		11-100
(This does	not meen the mode of	dying, e.g.,	(A) CR	repnovoscula	1/2 DECLOR	N/ 12 aug
heort foilure	e, osthenio, elc. Il meons omplication which coused	the discose,				· ·
111(01) 01 01	ANTECEDENT CAUSES		(B)			
DISEASES	OR CONDITIONS, if		DUE TO			
rise lo l	the obove couse (A)		(C)		* * * * * * * * * * * * * * * * * * *	
UNDERLYIF	NG CONDITION lost.					
E TO THE	II NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING	ATED TO THE	DIABE	TRS Melli	itus	
19A. DATE	OF OPERATION 198. CON	DITION FOR V				FINDINGS CONSIDERED
19A. DATE (WAS PER	FORMED		No.	IN CERTIFYING CA	USES OF DEATH?
OR CONTRI	BUTING CAUSE OF		PLACE OF INJURY (e.g., i e, form, foctory, street, of	n or obout 21 C. WHERE DID	(If in Bottimo)	e City, give exact location)
U	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	LULRY OCCUPS	
21D. TIME OF INJURY	(Mollin (Doy) (Febr		le At Not Whil		JORT OCCOR:	
(APPROX)		Wor	k At Work			
22. 1 certif	y that this hospita	pattended th	e deceased from	6/24/67	19 10 7	10167 19
that (I) (w	ast saw the decease	ed alive on	1110/67	19 and 1	that in (my) (our) opi	nion death occurred on the d
		ted obave. (I)	(We) (did) (did not) v	iew the body after death		
23A. SIGNA	SURE C	ATA			5. 0	23 B. DATE SIGNED
()	, C (>v	mel	M.D. Atte	s. Med. Director	Stoff Phys.	///0/67
23C.PHYSIC NAME	IAN'S (Type)			23D. ADDRESS		/
	NALD E. SMITH		M.D.	JOHNS HOPKINS	HOSPITAL	
24A. BURIAL CI	REMATION, 248, DATE		ME of CEMETERY OF CRI			ity, town, or county) (State)
Burila		967 Cam	p Chapel Ceme	et.erv B	altimore, C	o. Md.
SA. DATE REC	D BY HEALTH DEPT.	258. NAME O	F REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS 3/
	JUL 12 1967	Reliento	E tabuna	f	1, 011	MUNIDA ST
/S 150-REV. 1/1				600	The state of the	me //U/ DUCKA V



BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NOT	658	3
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M.E. CASE NO.	PICAL EXPANSION OF	DEKTIFICATE O	DEATH	0000
1. NAME OF DECEASED		2. DATE	AND HOUR PRONOUNC	ED DEAD
	EO HILLERS		-5-67	15:54 M.
HOSPITAL OR ADDRESS OR LOC	ITAL OR INSTITUTION, GIVE STREET	Maryland c. city or town (if o Baltimore D. STREET ADDRESS (if	utside corporate limits, write	itution: residence belore udmission) UNITY e RURAL and give township)
00		301 S. Dall		
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) -56 54	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retired MSLCIAN		Allentown,	Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Leo Hillers Sr.			Pfeiffer	
15. WAS DECEASED EVER IN U.S. ARMI (Yes, no or unknown) (If yes, give wor or do	ED FORCES? these of service) 16. SO CIAL SECURITY NO. 216-05-7908	Florence (.	(ain-3420 Rav	enwood Avenue
DISEASE OR CONDITION IN LEADING TO DEAT CAUSE OR condition which coused heart foilure, ostheria, etc. It means injury or complication which coused ANTECEDENT CAUSE OF CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST III OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN TO THE DEATH OF	TH of dying, e.g., as the disease, d death.) SES ANY, GIVING STATING THE . (C)	eriosclerotic h	eart disease	
DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. CO WAS PE		20A. AUTOPSY? (Yes or Yes	No) 20B. IF YES, WERE FILL IN CERTIFYING CALL	
ZIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g. home, farm, factory, street, etc.)	office bldg., INJURY OCCUR	D (If in Boltimore City, gi	
21D TIME (Month) (Doy) (Ye (APPROX.)	WHILE AT NOT	WHILE WORK	NJURY OCCUR?	
22. I certify that I held an resulted fram: Natural control of the second of the secon	auses X Accident Suici	de Hamicide CHIEF MEDICAL D. ASSISTANT MEDICAL ASSOCIATE MEDICAL	EXAMINER X	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) Burial 7-8-0	57 Holy REdee	emer (emetery	Baltimore,	, town, or county) (Stote) NAryland
JUL 12 1967	24B. NAME OF REGISTRAR Rabe & E. Fasherma	John C. M	TOR	Belair Rd21206
VS 151-REV. 1/1/65		000		

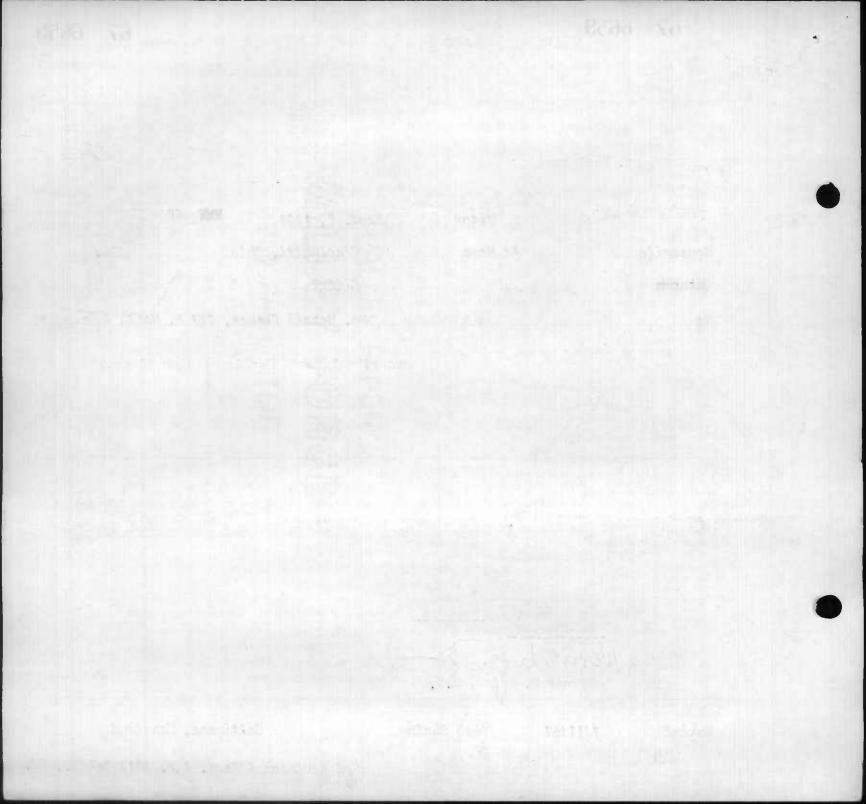


67. 6659 BALTIMORE CITY HEALTH DEPARTMENT

DEATH Registered No. 67 6659

IRTH	I NO.	MEDICAL	EXAMINER'S	CERTIFICATE	OF D
M.E.	CASE NO.				

AILE CURE	10.					
1. NAME OF	DECEASED			2. DATE AND	HOUR PRONOUNCE	D DEAD
	ROSELLA	PEARSON	V	June 2	26, 1967	11:30 P.M
		WHERE PRONOUNCED DEAD	4. USUAL RESIDE	NCE (Where d	leceased lived. If insti	tution: residence before admissio
			A. STATE Maryla	nd	8. COU	NTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)					corporate limits, write	RURAL and give tawnship)
HOSTITUTION	K ADDKESS OK LO	CATION)			corporate mino, mino	1005
			Balti	.more		12-0-
20	16 St. Paul St	reet	D. STREET ADDRE	ESS (If rurol,	give location)	
00			2016	St. Pa	ul Street	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	[If Under 1 Yr. If Under 24 Hr
		WIDOWED, DIVORCED (specify)			9. AGE (In years last birthdoy)	Manths Days Haurs Min.
Fema 1	le White	Widow	Sont 2 1	1906	MOUNT 60	
		VORK TOB. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
	ost of working life, even if retired	4 4 44	0	LL! AI		WHAT COUNTRY:
HOUSEL 13. FATHER'S	NAMA E	At Home	Cincina 14. MOTHER'S MA	IDEN NAME	no	USA
J. I A I I I E R J	117775					
Unbuck	N		Gittol		?	
5. WAS DEC	UN. CEASED EVER IN U.S. ARM	ED FORCES? 16. SOCIAL	17. INFORMANT			ADDRESS
Tes, no ar unk	(nawn) (If yes, give war ar d	11111	14 15			
No		UNKNOWN	Mr. Haro	old Posy	rer. 127 E.	North Avenue #
18.	001	CAUS	E OF DEATH			INTERVAL BETWEEN
7	000011					ONSET AND DEATH
D	ISEASE OR CONDITION	DIRECTLY				
	LEADING TO DEA		eriosclero	tic Car	diovascular	Disease
(This	does not meon the mode	of dying, e.g., Dile to	CLIOSCICIO	cre car	diovasculai	Disquie
heort 6	foilure, osthenio, etc. It med or complication which cause	ons the disease,				
injury	or complication which cause	:0 0001161				
	ANTECEDENT CAU	SES.				
DISCA		(8)				
	SES OR CONDITIONS, IF TO THE ABOVE CAUSE (A)					
	RLYING CONDITION LAS					
Z		(C)				
5	11					
₹ OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING				
O TO T	THE DEATH BUT NOT	RELATED TO THE				
-	SE OR CONDITION CAUSI					
19A, DA		ONDITION FOR WHICH OPERATION	20A. AUTOPSY?		OB. IF YES, WERE FIN	NDINGS CONSIDERED
00	WASP	EKPORMED	No		N CERTIFIING CAUS	No No
ZIA. EXT	ERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g.,		HERE DID (I in Baltimore City, giv	
UNDERLY	YING OR CONTRIB-	home, form, foctory, street,	office bldg., INJURY	OCCUR?	,, 9	
UNDERLY	CAUSE OF DEATH.	etc.1				
E 21D TIN	AE (Month) (Doy) (Y	(eor) (Hour) 21E, INJURY OCCURRED	21F. HO	W DID INJU	RY OCCUR?	
OF INJU	RY					
(APPROX	.)	m. WHILE AT NOT	WHILE			
22.						
	I certify that I held an	Inquiry Inspection X Au	utapsy and	that an this	s basis, death in m	ny apinion
	resulted fram: Natural	couses X Accident Suicio	de Hamicid	de 11	ndetermined manne	er
	Talled Halls Individe	Accident 501cm				
	1,00	01.601		EDICAL EXA		DATE SIGNED
AC	NATURE WOW	7 M. 700 /-	D. ASSISTANT ME	DICAL EX	AMINER X	2712 3131123
			ASSOCIATE ME			6/26/67
NA	ME (Type)	er U. Spytz, M.D.				
	CREMATION, 23B. DATE	23C. NAME of CEMETERY	or CREMATORY	23 D. LO	CATION (City,	town, ar countyl (State)
REMOVAL (
Buria	PEC'D BY HEALTH DEPT.	67 Oheb Shalom		Bo	altimore, M	aryland
			24C. FUNERA	L DIRECTOR		ADDRESS
	111 12 1987 A	Crart E. Farleman				
	OF TO 1901 (1)	oksev C. Manseyman	Sol Los	vinsnn :	& Bros. Inc	. 6010 Reist., R
VS 151-REV.	. 1/1/65	7 0 7 0	0 0	0 0		



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

(19:1	COO BALTIM	ORE CITY HEALTH DEPARTMEN	T	0000
BIRTH NO.	67 6660 CERT	IFICATE OF DEATH	H Registered No	67 6660
M.E. CASE NO.	CERT			
1. NAME OF DECEASED (Type or Print)		2. DAT	E AND HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMO	RBERT L. LEWIS		Y 9, 1967	12:15 A. M. stitution; residence before admission)
S. PEACE OF DEATH IN BALLIMO	KC MARIEAND	A. STATE B. C	OUNTY	stitution; residence before domission;
	nospitol ar institution, give street	MARVIAND		
HOSPITAL OR oddress o	focotion)	C. CITY OF TOWN	If outside city limits, write R	URAL and give township)
		BALTIMORE		ZX-71
SINAI HOSPITAL		D. STREET ADDRESS	(If rurol, give location)	
		4238 LABYRI	NTH ROAD #1	5
S. SEX 6. RACE	7. MARRIED, NEVER MARRII WIDOWED, DIVORCED (s		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.
MALE WHITE	MARRIED	MAY 21, 1908		Trous Doys
	d of work 108, KIND OF BUSINESS OR	NDUSTRY 11. BIRTHPLACE (State of		12. CITIZEN OF
done during most of working lile, even if				WHAT COUNTRY?
SALESMAN	SHOES	BALTIMORE	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
SAMUEL LEWIS		ESTHER CA	DD	
1S. Was Deceased Ever in U. S. Ar		17. INFORMANT	N	ADDRESS
(Yes, no or unknown) (If yes, give wo	or dotes of service) SECURITY I	١٥.		
NO	213-09-		ICE LEWIS, 423	
18.4.2011		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITI	ON DIRECTLY	the le He as A	12.1.1	
LEADING TO I	ade of dving e.g. (A)	House Ryplandea L'Hourselmotic Con	e syfoictien	
heort failure, asthenia, etc. It	meons the disease,	manda Ordens	though !	/
injury ar camplication which	caused death.)	u neuce ruemona	y culture	
ANTECEDENT C	AUSES (B)	TO . O		
DISEASES OR CONDITION	S, if any, giving	Istorica Coloratic Con	distance della	2010
rise to the above caus	e (A) stofing the	male some our con	De vove Buse	ase
UNDERLYING CONDITION	asi,			
7				
OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO THE			
		120 A	N-V 000 IF HER WILLIAM	
19A. DATE OF OPERATION	B. CONDITION FOR WHICH OPERAT AS PERFORMED	ION 20 A. AUTOPSY? (Yes	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION W				
OR CONTRIBUTING CALLER	YING 21B. PLACE OF INJ	URY (e.g., in or obout 21 C. WHERE DI street, office bldg., INJURY OCCU	ID (If in Boltimore R?	City, give exoct locotion)
▼ DEATH (notify medical examine)	etc.)			
OF INJURY (Month) (Doy)	(Year) (Hour) 21E INJURY OCCU	RRED 21F. HOW DID	INJURY OCCUR?	
OF INJURY	White At	Not While		
	Work	At Work	-	7 9 17
22. I certify that (I) (this h	ospital) attended the deceased f	ram.	19 6 to	1-7-1961.
that (1) (me) Tast saw the d	eceased olive an	1-7 19 6/ an	d that in (my) (or) opin	nian death accurred an the date
and bour and from the caus	es stated abave (1) Wa) (did))			
23A. SIGNATURE				23B, DATE SIGNED
10000	714	M.D. Attending Med. Director	Stoff	7-10-67
/ organical	mille		Stoff Phys.	1 10 01
NAME (Type)		23D. ADDRESS		
100	TOSEPH DECKETRAIN	M.D. 3502 (1)	ROGERS AUFMUE	
24A. BURIAL CREMATION, 248.	ATE 24C. NAME of CEMETI	RY OF CREMATORY 24	D. LOCATION (Cit	ly, town, or county) (Stote)
REMOVAL (Specify)				
BURIAL 7/	10/67 BNAT ISRAE	L loss	BALTIMORE, MA	RYLAND
ZOA, DATE REC'D BY HEALTH DE	1. 258. NAME OF REGISTRAR	25C, FUNERAL DIREC	All a ppage Tile	ADDRESS
111 12 196	1 Of Read & James	SUL LEVINS	UN & BROS. INC	., 6010 REIST., RD.
VS 150-REV. 1/1/65	i i i i i i i i i i i i i i i i i i i	0 0 .	4	

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eath the

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (When deceased lived, If institution: residence before admission FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION MARRIED, NEVER MARRIED MO WIDOWED, DIVORCED (specily) 5. SEX 9. AGE (In years If Under Yr. Manths: Days 6. RACE If Under 24 Hrs. Hours lost birthdoy) Manthsi 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR A E (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 10. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME AARON COHEN
15. Was Deceased Ever in U. S. Armed Forces MINNA HARTZ ADDRESS 6. SOCIAL (Yes, no grunknown) (If yes, give wor or dates of service) SECURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes ar Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIF WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ((APPROX.) Work At Wark 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (Wb) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B, DATE SIGNED Stoff M.D. Attending Med. Phys. Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 6210 PARK HEIGHTS **AVENUE** 24A. BURIAL CREMATION 4C. NAME OF CEMETERY OF CREMATORY (Stotet REMOVAL (Specify) 25C. FUNERAL DIRECTOR ADDRESS LEVINSON & BROS. NC., 6010 REIST., RD. VS 150-REV. 1/1/65

- Andrews Ann - Carles Carette High 28th & W. CARRLES STREETS, HALT Temple Seandon agent. mb 97 11 الالتطاودات policinational many 115 212-18-500 chart (MPS WITHER SH 1 from 8 gold ler, Ferman Withinkette madily galage HARVEY FIVERWAY, M.D. A THE RESIDENCE OF STREET

F-	40	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained hefore the remains are embalmed or final disposition is made.
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made.
	cause cause	endar to d
	uting od car	prior
	occur	regul
	or co	dece
5	direct (; (4) t	in the
RTAI	ssista the kind	ince of
FUNERAL DIRECTOR: IMPORTANT	his a lso, if of any	unced Hendo
R:	ner or	prono lar a
ECTO	xamir xamir A fro	who
DIR	dical e	ician Zas in
ERAL	med in bor	phys
FUN	by a 2) Boc	physic
	by the spital ure; (who so No
	he ho	and (d
	be appead to t	ital (eath);
	must l elease	to de
	icate was r	Prior
	body vs: (1)	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased private approval must be obtained before the remains are embalmed or final disposition is made.
	This the show	was

	67	6662	Y HEALTH DEPARTMENT		0000
MRTH NO.	07	CERTIFICA	ATE OF DEATH	Registered Na.	67 6662
Type or Printl	CEASED	T.1100		AND HOUR OF DEATH	0.45
Type of Film	John	W Fuller	7	-10-67	19EP
PLACE OF D	EATH IN BALTIMORE, MARYLA	AND	4. USUAL RESIDENCE (WI		stitution; residence before odmissi
FULL NAME	OF (If not in haspital or in	etitution our stoot		ltimore	
HOSPITAL OR	address or lacation	striotian, give street	C. CITY OR TOWN (If	outside city limits, write I	RURAL and give township)
INSTITUTION	NORTH Chi	arles Haspital	BALTIM	oee Dunda	
.10		•	D. STREET ADDRESS	If rural, give (acation)	
49			7562 NEC	w Battle	Grove Rd-212
- SEX		MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Mal	2 Upilo	WIDOWED, DIVORCED (specify)	7-7-189	last birthday)	If Under 1 Yr. II Under 24 H Manths Days Haurs Min.
	CUPATION (Give kind of work 108, if working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?
		Eng. Beth. Steel C	ALABAI	MA	U.S.A.
3. FATHER'S NA	IME	Eng Deun Dueer C	14. MOTHER'S MAIDEN N.	AME	1.
Hen	RY Fulled	r cd.	Ellen All		130-1
	d Ever in U. S. Armed Farces?	servicel 16. SOCIAL SECURITY NO.	17. INFORMANT 7562		
Yes	WWI Army	213-09-1580	AMNA 1	4. Fuller 1	Curfe Dundalk 9
18,	S V I		DF DEATH		INTERVAL BETWEEN
- CX	ASE OR CONDITION DIRECT				ONSET AND DEATH
	LEADING TO DEATH nal meon the made of dyi	(A)	Multiple	Nyelon	na 7-3-67
heart failure	, osthenio, etc. It meons the	diseose,			
injury or co	mplication which coused dea	1h.)			
	ANTECEDENT CAUSES	DUE TO			***************************************
	OR CONDITIONS, if any,				
	he abave couse (A) sto IG CONDITION lost.	ling the (C)	***************************************		000000000000000000000000000000000000000
	11				
E TO THE	DEATH BUT NOT RELATED	TRIBUTING TO THE			
DISEASE OF	F OPERATION TO THE CONDITION OF THE CONDITION TO THE COND	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or 1	Nall 208, IF YES WERE I	FINDINGS CONSIDERED
	WAS PERFORM	MED	No	IN CERTIFYING CA	
21A. ACCID	ENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		(If in Boltimore	City, give exact location
OR CONTRIE	SUTING CAUSE OF	hame, farm, factory, street, o	office bldg., INJURY OCCUR?	ti ti bottinore	ony, give exect locardin
OF INJURY	(Manth) (Day) (Yearl (H	auri 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Wark At Wark			
22 Logstif	v that (1) (this basnital) at	tended the deceased fram	7-3-	10 / 7 7	- 10 19 6
		live an 2-10-4	_		nian death accurred an the a
		abave. (1) (We) (did) (did not)	view the bady after death	0	
23A. SIGNAT	URE DO				23B, DATE SIGNED
	v. Ken	M.D. AH	ys. Med. Director	Staff Phys.	7-10-67
23 C. PHYSICI	ANS		23D. ADDRESS		
NAME	MARCUS L	evin-	North Charles	General Hosp	ital, Balto. Md.
4A. BURIAL CD	EMATION, 248, DATE	24C. NAME of CEMETERY of CR			
REMOVAL	(Specify)			LOCATION (C)	ty, tawn, or county) (State
Burial	7/13/67	Baltimore Nationa	1 Cemetery	Balt	imore, Maryland
5A. DATE REC'		NAME OF REGISTRAR	2SC. FUNERAL DIRECTO	O R	ADDRESS
	JUL 12 1967 (Dello & Janberta	John J. Duda	, 1922 Wise I	lve. Dundalk, Md.
'S 150-REV. 1/1			10.0		

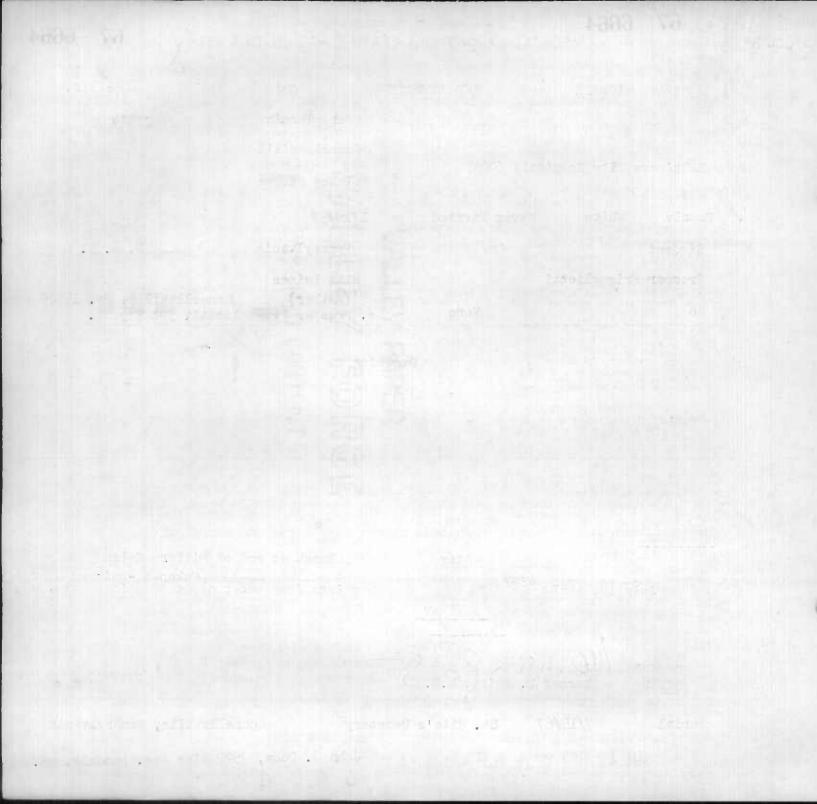
of the TOTAL STREET, and the Street Street

The grant of the Ages Senior Deposits

VS 151-REV. 1/1/65

A STATE OF THE STA aliment grammer and E20 to the company of the compa

VS 151-REV. 1/1/65



		AORE CITY H	EALTH DEPARTMENT	1 /	000			
	TH NO. 67. 6665 CERT	FIFICAT	E OF DEATH	Registered Na.	67 6665			
	no or Print) - A . A . and . A	. Rausc	h 2. DATE A	NO HOUR OF DEATH				
4			JU	LY 11,1967	12:15AM			
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	14	L USUAL RESIDENCE (Whe	ere deceased lived. If in	stitution: residence before admissi			
	FULL NAME OF (If not in hospitot or institution, give street		MARYLAN	Baltimon	re C			
	HOSPITAL OR oddress or location)	1	CITY OR TOWN (If ou	stside city limits, write	RURAL and give township)			
-	CHURCH HOME AND HOSPITAL			E- Dundalk	53-00			
5	100 NORTH BROADWAY			rural, give location)				
	BALTIMORE, MARYLAND 2123		1927 GU	YWAY				
5.	6. RACE 7. MARRIED, NEVER MARR WIDOWED, DIVORCED	(specify)	DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.			
	TEMPLE WHITE Divorced		MARCH 31, 1889	78				
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR during most of working life, even it retired)	INDUSTRY 11	. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?			
uor	HOMEMAKER		MARYLAN	17	AMERICA			
13.	PAYLIPMS NAME	14	MOTHER'S MAIDEN NA		MAICHELL			
	Henry Julster		ANNAHOL		1			
15	HENRY WISTER Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	117		Fleckick	ADDRESS			
(Ye	s, no or unknown) (If yes, give wor or dates of service) SECURITY		INFORMANT (Daugh					
	NO 217-48-			11th, 1927	Guyway, Dundalk,			
	18. 4-20, 11	CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
	DISCASS OR CONDITION DIRECTLY							
	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) CORONARY THROMBOSIS (DUE TO							
	heart failure, aslhenia, etc. Il means the disease,							
		GENE	RALIZED AR	TER10 SCLEPO	878			
		UE TO	**************************************		XX			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	C)						
	UNDERLYING CONDITION last.							
_	11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
	DISEASE OR CONDITION CAUSING IT.	TION	T20A AUTOROVO/V	AN OOR IS USE MEET	Thinks constructed			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA WAS PERFORMED	IION	NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CERI	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN	IIIIPY (e.g. in. c	ir about 21C. WHERE DID	(II in Rollins	e City, give exact location)			
AL C	OR CONTRIBUTING CAUSE OF home, form, foctor	y, street, office	e bidg., INJURY OCCUR?	W III POINMO!	e wily, gave exect locomon)			
U								
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCC		21F. HOW DID IN.	JURY OCCUR?				
<	While At Not While At Work							
	22. I certify that (I) (this hospital) attended the deceased from JUNE 29 19 67 to JULY 11 19 67							
	that (1) (we) last saw the deceased alive an							
	and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE							
	Dans 11 Pot :	M.D. Attend	ing Med.	Stoff Phys. 2	71103			
0	asc. PHYSICIANS	Phys.	Director	Phys.	7-11-67			
	NAME (Typel			11-1	thears.			
	JOSE 4. ORTIZ		CHURCH		10817/14			
24/	REMOVAL (Specify) 248. DATE 24C. NAME of CEME	TERY OF CREM	ATORY 24D. I	OCATION (C	ity, town, or county) (State			
B	urial 7/14/67 Moreland Me	morial	Park Cem.	Balt	imore, Maryland			
-								
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		25C. FUNERAL DIRECTO	7000 382	ADDRESS			
	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	MA	John J. Duda,	7922 Wise	Ave. Dundalk, Md.			

TAADED IN MOTA

CHINESH HOME AND HOSPITAL

BALTIMORE, MARYLAND 21231

Meet Ton IT XTAR MARYLAND

BALTIMORE -

PUR GUYWAY

8T P921, IZ HISBEY

AVIANIA AVIALION

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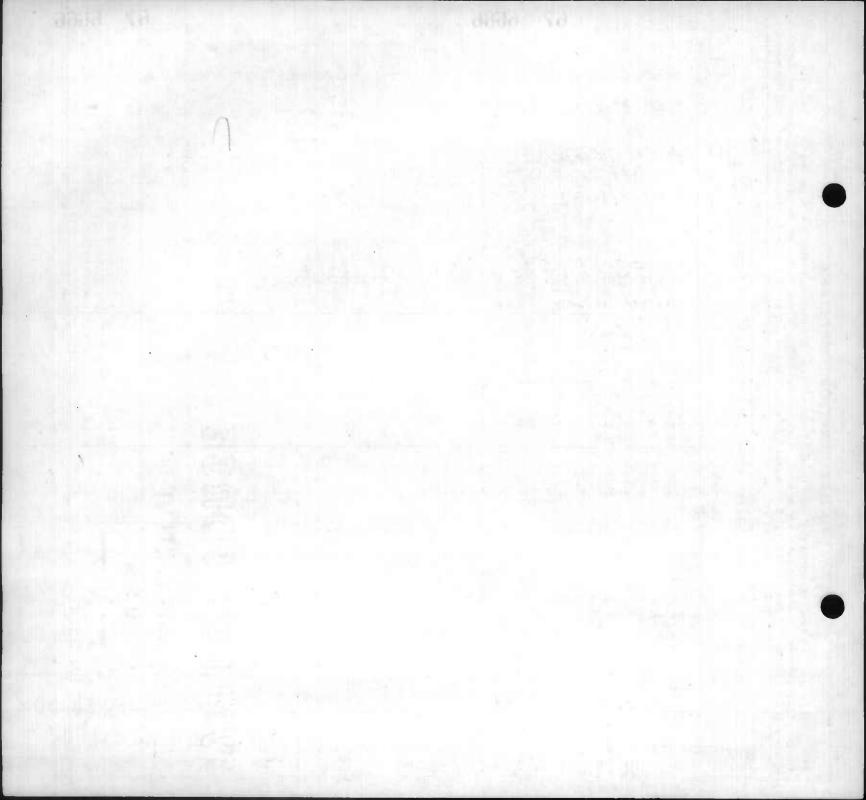
CORDNARY THEOMROSES

GENERALIZED ARTERIOSELEPASIONED

FUNERAL DIRECTOR: IMPORTANT

Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CD C	BALTIMORE CIT	Y HEALTH DEPARTMENT		CH 0000
BIRTH NO. 67-12492 67. 6	CERTIFICA	ATE OF DEATH	Registered No	67 6666
M.E. CASE NO.			D HOUR OF DEATH	
BABY GIRL Mc LENDO	N	6/29	7/67	9:19 A.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN	e deceosed lived. If inst	litution: residence before admission)
FULL NAME OF (If not in hospital or institut	tian, give street	NIG		
HOSPITAL OR address or location) INSTITUTION		C. CITY OR TOWN (If outs	side city limits, write RU	JRAL and giv township)
		D. STREET ADDRESS (If t	wal, give location),	0-07
LUTHERAN HOSPITAL		2848 E Fed	exal St.	
WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify)	/ / /	9. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
FEMALE NEGRO 10A. USUAL OCCUPATION (Give kind of work 108, KIN	D. OF BUILDINGS OR INDUSTR	6/29/07		6 19
dane during most of working life, even if retired)	D OL BOZINEZZ OK INDOZIK	Y 11. BIRTHPLACE (State or foroig	gn country)	12. CITIZEN OF WHAT COUNTRY?
10.000		BALTIMORE 14. MOTHERS MAIDEN NAM	USA	
13. FATHER'S NAME	2. 11	D. I P	1/ /	
15, Was Deceased Ever in U. S. Armed Farces?	=WWO/V	Ruby Gill	ARG	A D D D C C
(Yos, no or unknown) (If yes, give wer or dotes of serv	SECURITY NO.	17. INFORMANT		ADDRESS
18.776X1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		71111 A -110 -111		
(This does not mean the made of dying,	e.g., DUE TO	IMMATURITY		6 hus 14 mans
heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	eose,			A V Y IN THE
ANTECEDENT CAUSES	(B)		a nore es a secune assecado es monte como de c	
DISEASES OR CONDITIONS, if any, gi				
rise Ia The abave cause (A) stating UNDERLYING CONDITION last,	lhe (C)			
1				
DISEASE OR CONDITION CAUSING IT.		Too A Allegaeve (V. Z No.)	200 15 255 11105 51	WALLES CONTRACTOR
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OK WHICH OPERATION	20 A. AUTOPSY? (Year or No.)	IN CERTIFYING CAU	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion)
DEATH (notify modical examiner)	otc.)			
21 D. TIME (Manth) (Day) (Yoor) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)	While At Work At Work		,	11-1 919 Am
22. I certify that (I) (this haspital) attend	led the deceased from	6/2-9/67 3.00/14	9to	6/2-9/67-19
that (I) (we) lost sow the deceased alive	on 6/29/67	19and the	of In (my) (our) opini	Ion death occurred on the date
ond hour and from the causes stated above	ve. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
FSICIE my	M.D. At	ys. Med. Director	Stoff Phys.	4/29/67
23C. PHYSICIAN'S NAME (Type)	IST INS Y	23 D. ADDRESS		
F. S. TEROM	7 1	LUTHERA HOM	V MAGROTY F	F NATRALAND 1
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Spocify)	C. NAME of CEMETERY OF CI	REMATORY ALLTA E 240, 160	CATION ZA LA CITY	fown, of county) (State)
1-10-47		UNIVERS	ITY MEDIC	CAL SCHOOL
4 4	ME OF REGISTRAR	25C FUNERAL DIRECTOR	7 CERTICO	ADDRESS
JUL 12 1967 R.C.	DE Name Por	A PAULIUAK	SERVICE	- BCHD
V\$ 150-REV. 1/1/65		and the second s		



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. pital and of death the Such (4) Undetermined cause; (5) Deceased M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 0 ON July -10-1867 hospital eath. 4. USUAL RESIDENCE (Where deceaded lived, II institution: rosidence before admission) ance B. COUNTY contributing cause ARYLAND
(II outside city limits, write RURAL and give township) FULL NAME OF (If not in hospital or institution, give street T HOSPITAL OR oddress or locotion) C. CITY OR TOWN attend INSTITUTION O .= prior rural, give location) ECOURS HOSPIT occurred 0 CHWOOD regular is mad 5. SEX 9. AGE (In yours If Under 1 Yr. If Und Months: Doys Hours If Under 24 Hrs. deceased WIDOWED, DIVORCED (specily) lost birthday Cau. 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition = done during most of working life, even if retired) the direct or Vice-Principal 0 Education Was 13. FATHER'S NAME the assistant death 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)[lif yas, give war or dates al service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. 6012 Bellona Ave. attendance 213-38-5609 Mrs. Louise W. Anthony Baltimore. Maryland dny pronounced Or ONSET AND DEATH his DISEASE OR CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenia, etc. It means the disease, the chief medical examiner regular injury or complication which coused death.) who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the 5 physician remains UNDERLYING CONDITION lost. Was burns; н OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. physician the (2) Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION the 19 A. DATE OF OPERATION WAS PERFORMED Lt. Research andery. Yes

21B. PLACE OF INJURY (e.g., in b. obout 21 C. WHERE DID
homo, form, foctory, street, office bldg., INJURY OCCUR? 6/30/67 before the body was released to the hospital by 21A. ACCIDENT WAS UNDERLYING where (If in Boltimoro City, give Exact location) OR CONTRIBUTING CAUSE OF °N DEATH (notify medical examiner) etc.) any nature; by MEDI 21 D. TIME OF INJURY obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 approved (except While At Not While ((APPROX.) At Work and 22. I certify that (1) (this haspital) attended the deceased fram July -10 P: 20 pm July-1019 that (I) (we) last saw the deceased alive an. and that in (my) (aut) aplaian death occurred an the date hospital eath) shows: (1) An accident of and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGN ATURE 23B. DATE SIGNED certificate must T Stoff Phys. M.D. Attending Med. 10 Phys. Director approval 45 O prior PHYSICIAN 23D. ADDRESS t o ECOURS D.O.A. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (Stote) REMOVAL (Specify) July 13,67 Burial Chestnut Grove Cemetery Baltimore Co., Maryland was deced 1050 York Read Towson, Md. 21204 Wm. Cook-Brooks Towson,

MARVIAND SECOND HOSPITAL SALTS.

1. Second Hospital

2. Second Hospital

2. Second Hospital

2. Second Hospital

2. Second Hospital

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VS 150-REV. 1/1/65

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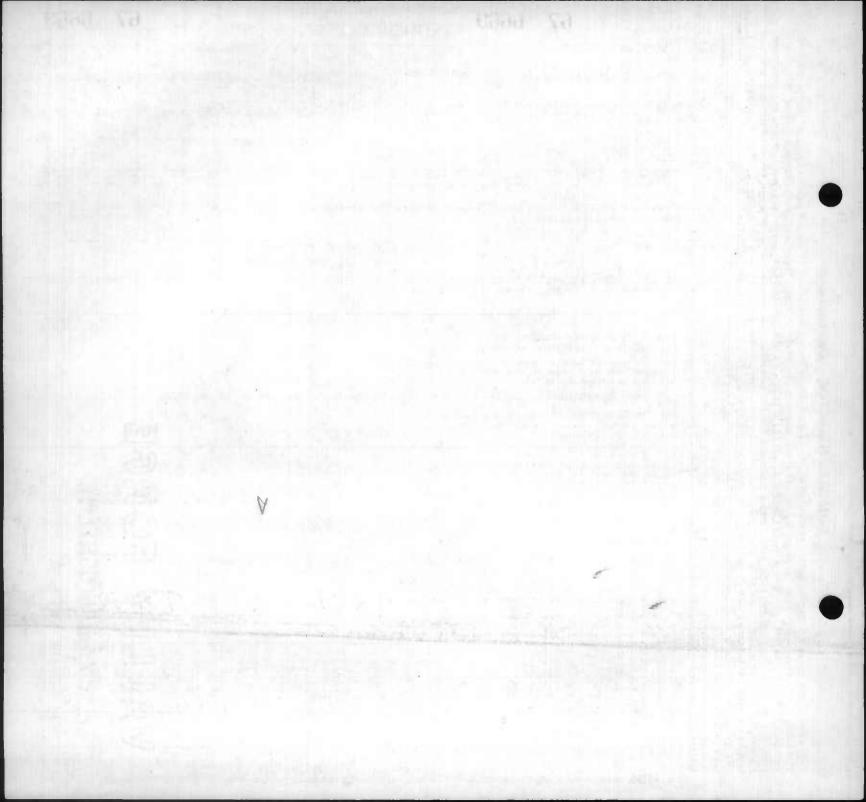
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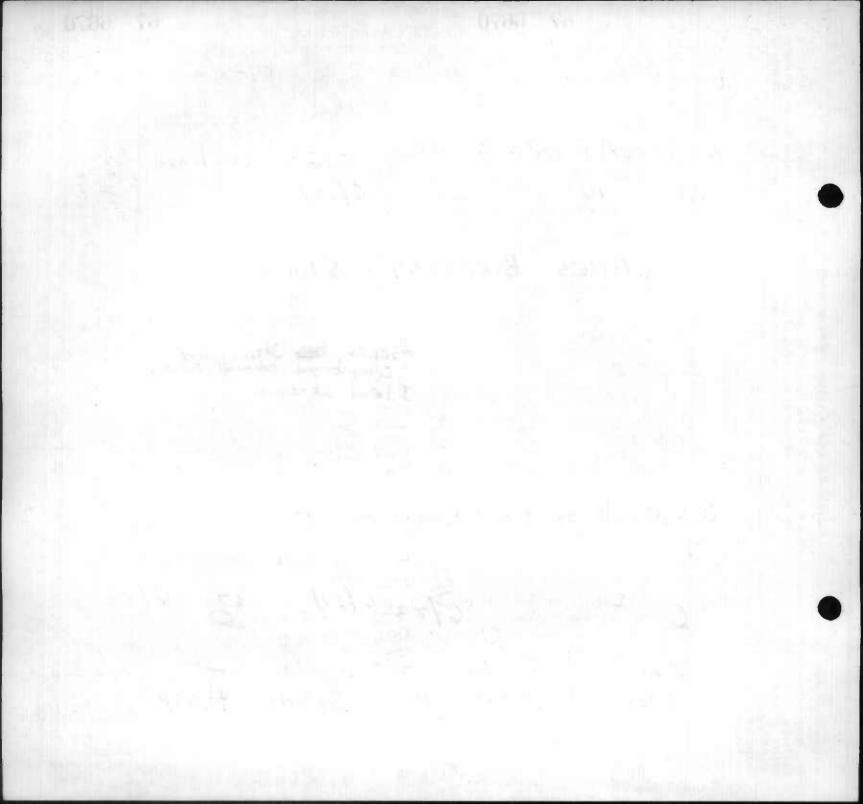
FUNERAL DIRECTOR: IMPORTANT

This certificate must be appraved by the chief medical examiner or his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranounced death was in regular attendance an the deceased prior to death. Such written appraval must be abtained befare the remains are embalmed ar final dispasitian is made.

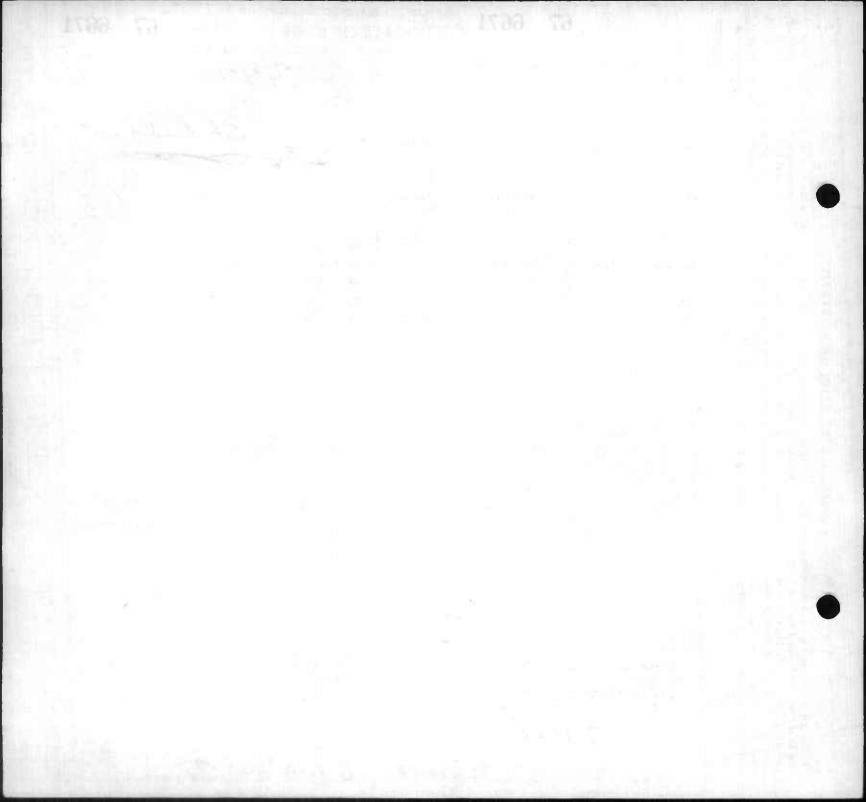
	TY HEALTH DEPARTMENT
BIRTH NO: 47-14087 67. 6669 CERTIFICA	ATE OF DEATH Registered No. 67 6669
IN. AME OF DECEASED (Type or Pant)	2. DATE AND HOUR OF DEATH
D1917 79181 110012	7-9-61 1/1:45 A
3. PLACE OF DEATH IN BALTMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY APAZ
FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (II outside city limits, write RURAL and give lownship)
INSTITUTION Union Mensial Hospila	C. CITY OR TOWN (If outside city limits, write RURAL odd give township)
	D. STREET ADDRESS (If rural), give location)
44	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. P
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working lile, even if retired)	Ballon no Markel USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Roop	Alita
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
No	
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Part
(This does not mean the mode of dying, e.g., DUE TO heart failure, osthenia, etc. It means the disease,	J. W. W. W. W. S.
injury or complication which caused deoth.)	O A Golden de Archiver
ANTECEDENT CAUSES (B) DUE TO	VALUE STATE OF THE
DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C)	0
UNDERLYING CONDITION lost.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g.,	win or obout 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg. INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED While At Not Wi	21F. HOW DID INJURY OCCUR?
While At Not Will At Work Not Work	
22. I certify that (I) (this hospital) attended the deceased from	10-157 10 10 10-157 10
that (I) (we) last saw the deceased alive on	19 and that in(my) (our) apinion death accurred on the do
ond hour and from the causes stated above. (1) (We) (did) (did nat)	view the body after death.
23A. SIGNATURE	23B. DATE SIGNED
Pt Container Pt	thending Med. Stoff Phys. 9-9-6)
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY of C	CAN COMPANY OF THE WAY OF THE WAY
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	TIMINED CITY SEED IC A E COLUMN (STANDARD)
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	SEC. FUNERAL DIRECTOR ADDRESS
1111 10 1067 A O R Q JA DOMAN	MORTUARY SERVICE RCHB
VS 150-REV. 1/1/65	Dentity - Dono



	(2 1/2/1 0/ 66/11	HEALTH DEPARTMENT TE OF DEATH Registered No.	67 6670
1	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND/HOUR OF, DEATH	1-45 A
	3. PLACE OF DEATH IN BACTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If instit	M. M. ution: residence before admission)
1	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RUR	AL and give township
5	425/NAI HOSPITAL	D. STREET ADDRESS (If rurol, give location) 3923 Wab Ash	Are
	MIDOWED, DIVORCED (specify)	6/17/67	f Under 1 Yr. If Under 24 His. Nonths: Doys Hours Min.
5	10A. USUAL OCCUPATION (Give kind of work logs, KIND OF BUSINESS OR INDUSTRY) done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	JAMES BIRDSONG	14. MOTHER'S MAIDEN NAME	
1 1 9		17. INFORMANT	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury at complication which coused death.)	tes Belleus respirat mpromise chemical persones eal atresia	interval Between onset and Death
	DISEASES OR CONDITIONS, if any, giving		
	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offi	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE or obout 21C. WHERE DID (If in Boltimore Control of the bldg., INJURY OCCUR?	DINGS CONSIDERED S OF DEATH? ity, give exact location)
3	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work		/
	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive on ond hour and from the causes stated above (1) (We) (did) (did not) vi	19 7 and that in (my) (our) opinion	1957, and death occurred on the date
	23C. PHYSICIAN'S	nding Med. Stoff	6/23/67
n and an	NAME (Type) 1. CRAMER M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREATERY OF CREATERY.	MATORY ANATOMY ART OF BE	EMARYLAND
	REMOVAL (Specify) 7-10-67 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	UNIVERSITY MEDIC	AL SCHOOL
	JUL 12 1967 R. O. B. E. Zalenna VS 150-REV. 1/1/65	MORTUARY SERV	ICE - BCHD

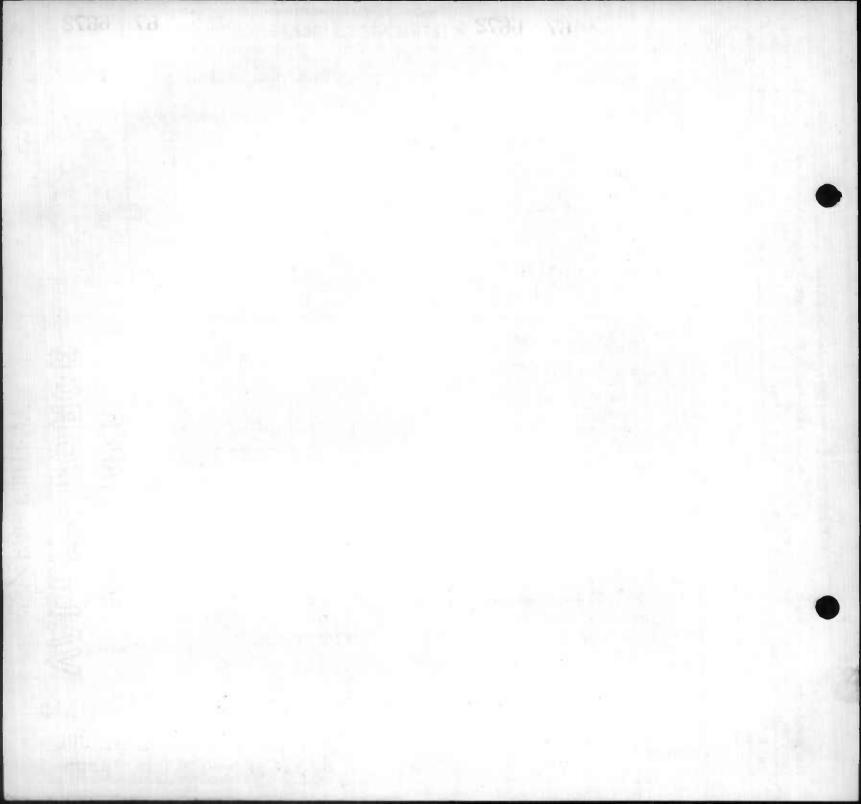


	0 12-12-911 67	6671	BALTIMORE CITY	HEALTH DEPARTMENT		on cons
M.E. CA	ASE NO.	0071	CERTIFICA	TE OF DEATH	Registered No	p/ pp/T
(Type or	Print) MILLER, B	ABY Bay		1/4. USUAL RESIDENCE Where	D HOUR OF DEATH	titution; residence before odmiss
HOSP	NAME OF (If not in hospital PITAL OR address or location	or institution, give s	ifreet	A. STATE B. COUNT	chew vill	URAL ond give towgship)
		BALTIMO	LE, INC.	D. STREET ADDRESS (IF	urol, give locotion) Aosp	Court 53
S. SEX	n 6. RACE		ER MARRIED YORCED (specify) EJEL MARRIED		ost birthdoyl DAG	If Under 1 Yr. If Under 24 Months Doys Hours Min
	JAL OCCUPATION (Give kind of woring most of working life, even if retired)	10B, KIND OF BUS	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
	HERS NAME	DELMAR		BURKE, 7	DOLORES	
(Yes, no o	Deceased Ever in U. S. Armed For unknown) (If yes, give wor or date		SOCIAL SECURITY NO.	Thomas P. Sm	ITH M.D.	SINAL HOSP.
1B.	DISEASE OF CONDITION DI	RECTLY	CAUSE O	MM ATURITY		INTERVAL BETWEEN ONSET AND DEATH
heo	is does not meon the mode of ort foilure, osthenio, etc. It meons ary or complication which coused	the diseose, deoth.)	DUE TO	(
rise	EASES OR CONDITIONS, if 10 The obove couse (A) DERLYING CONDITION To st.	ony, giving	DUE TO			
Z OTH	HER SIGNIFICANT CONDITIONS (THE DEATH BUT NOT REL	ATED TO THE				
A DIS	DATE OF OPERATION 19B. CON NONE WAS PER	IDITION FOR WHIC	H OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
DEA DEA	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF		CE OF INJURY (e.g., ir m., foctory, street, of	n of about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
S OF I	TIME (Month) (Doy) (Year) INJURY PROX.)	(Hour) 21E, INJU While At Wark	Not While At Work	21F. HOW DID INJU	JRY OCCUR?	,
22.	I certify that (1) (this hospita t (1) (we) 10st saw the decease	i) ottended the de	ceased fram	7/4 1 ond tha	/	ion death occurred on the
	SIGNATURE Mornas O. An	,		nding Med.	Staff Phys.	238. DATE SIGNED 7/5/67
	Thomas P.S.	n, th	M.D.	Signing Hopspyte	al 13mBall	PATATEVLAND
REA	RIAL CREMATION, 248. DATE 7-10	67	of CEMETERY or CRE	UNIVERSIT	Y MEDICA	L SCHOOL
25A. DA	TE REC'D BY HEALTH DEPT. 111 12 1967 REV. 1/1/65	ROLLE		25C. JUNESAL DIRECTOR	ARY SERV	ICE - BCHD



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		Charles	HEALTH DEPARTMENT	OM	COMO
BIRTH NO.		CERTIFICA	TE OF DEATH	Registered No.	bb/2
1. NAME O	F DECEASED	aby Boy "B	2. DATE AND	HOUR OF DEATH	1100
	OF DEATH IN BALTIMORE MARYLAND	aby Doy D	4. USUAL RESIDENCE (Where d	ecosed lived. If institutions	lesidence before admission
			A. STATE B. COUNTY		
HOSPITA		ion, give street	C. CITY OR TOWN (If outside	city limits, write RURAL or	nd give townshipt
111311101	Sinai Hospita	al of Baltimore	Baltimo.		70.07
4:	2	XI U C LACITIMBIO	D. SIRCEI ADDRESS	Lynn AVE,	
S. SEX		RIED, NEVER MARRIED DWED, DIVORCED (specify) 0117 MATTLE	B. DATE OF BIRTH 9. /	AGE (In years If Und Months	Doys Hours Min.
	OCCUPATION (Give kind of work 10 B, KIN most of working life, even if refired)		11. BIRTHPLACE (State or foreign		TIZEN OF
	Infant		11) ary 1a.	nd	U.S.A.
13. FATHER	'S NAME		14. MOTHER'S MAIDENNAME	0 1	
15 Was Da	John Saither ceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	Finkney	ADDRESS
(Yes, no or u	nknown) (If yes, give war or dates of serv	SECURITY NO.	17. INFORMANT	. 5	ADDRESS
18,	22/1/1	CAUSE O	F DEATH		INTERVAL BETWEEN
1	DISEASE OR CONDITION DIRECTLY	_			ONSET AND DEATH
(This	LEADING TO DEATH does not mean the mode of dying,	e.g., DUE TO	Immaturity	***************************************	1 days
heoit	foilure, osthenio, etc. It means the disc or complication which coused death.)			'	
	ANTECEDENT CAUSES	(B))	terikak di	
rise	SES OR CONDITIONS, if ony, gi to the obove couse (A) stoling RLYING CONDITION lost.	ving The (C)			
Z	11				
E TO T	R SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO SE OR CONDITION CAUSING IT.				
U 19A. D/		OR WHICH OPERATION		OB. IF YES, WERE FINDING	
D 21A. A	CCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i		(If in Boltimore City, a	
OR CO	NTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	ti iii bollinore City, g	VE EXOCT IDEGROUP
Ω 21 D. Π		21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
₹ (APPRO		While At Not While Work At Work		/	
	certify that (1) (this haspital) attend	, - / 1 -	5/10 19	6710 5/	1967.
	(we) last saw the deceased alive	~ >	*	n(my) (aur) apinian de	ath accurred an the date
	aur and fram the causes stated abou	e. (I) (We) (did) (did nat)	view the bady after death.	228 DA	ATE / SIGNED/
	Alla a.M.	M.D. Att	ending Med. Sta	1 00	-/17/67
23 C. PH	IYSICIAN'S	Phy	23D. ADDRESS	3/13	, , , , ,
	AME (Type) HIRN J. N	lanfried mo.	SinginHost	established	DARTYST
24A. BURIA	OVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY ALL AL UZ402 NOC	CHON IN TOWN	Tof today) Late (Male)
25A, DATE	REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	UNIVERSIT	Y MEDICAL	SCHUUL
		- Er Forbeama	MORTUAR	Y SERVICE	BCHD
VS 150-RE\			0 0 0 2	- CUNTICL	- DCIII



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and the physician who provides a prior to death. Such written approach must be obtained before the remains are ambulaned or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

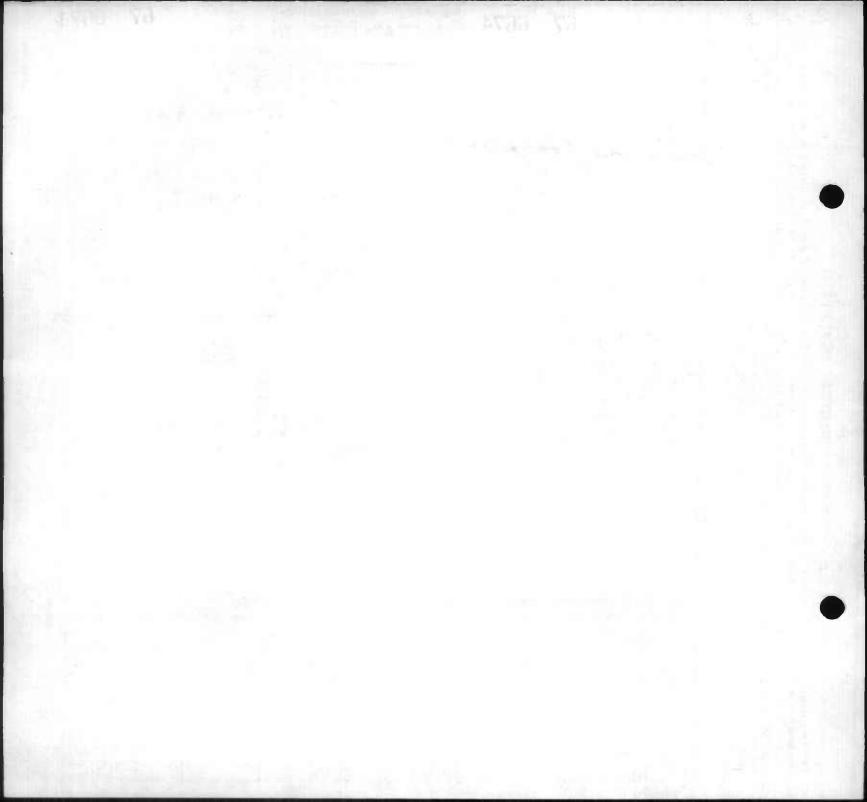
	4/424	BALTIMORE CITY	HEALTH DEPARTMENT		CP COMO
		CERTIFICA	TE OF DEATH	Registered No	0/ 00/3
1,1	E. CASE NO. NAME OF DECEASED pe or Print) (TA The Six	Twin A		HOUR OF DEATH	67 J. Y. A.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	, , . , ,	4. USUAL RESIDENCE (Where		titution: residence before odmission)
	FULL NAME OF (If not in hospital or institute oddress or (ocotion)	tion, give street	RAIT		URAL and give township
4	3 Sinia for	aptiel	D. STREET ADDRESS (III r	SEAMOR	9 V E
5.		RFED, NEVER MARRIED DWED, DIVORCED (specify)	8. DATE OF BIRTH	ost birthday)	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work) 10 B. KIN ne during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS, NAME ONN CIAIS	ther	14. MOTHER'S MAIDEN NAM	VPII	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	7.59	ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc		remoliny	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	injury or complication which coused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, gi tise to the obove couse (A) stoling UNDERLYING CONDITION lost.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CERTIFICA	19 A. DATE OF OPERATION 198. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID INJU	JRY OCCUR?	
	22. I certify that (I) (this hospital) attend		J-10 1	967 10 1	- 11 1967.
	that (I) (we) lost sow the deceased alive and hour and from the causes stated above		19 67 ond the	t in(my) (our) opini	ion death occurred on the date
	23A. SIGNATURE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		23B. DATE SIGNED
	Strhe Cond	M.D. Atte	nding Med. Director	Staff Phy s.	5-11-67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1.=1	
24		C. NAME OF CEMETERY OF CRE	MATORY ANA TOPS	CAUON A DICK	LAND.
	1-10-6)		INIVERSI	TY MEDIC	AL SCHOOL
25	a transaction of the last of t	ME OF REGISTRAR	MORTILA	RV SERVIC	E RCHR
VS	150-REV. 1/1/65		+ 6 70 0 0		d - polity

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	OP	0004	BALTIMORE CITY	HEALTH DEPARTMENT		67	6674
MRTH NO. 67-1223 M.E. CASE NO.	1 67	66/4	CERTIFICA	TE OF DEATH	Registered Na	07	0074
INAME OF DECEASED Type or Print) Baby	oirl V	Nivoin	s - faith	6/2	D HOUR OF DEATH		10 05
. PLACE OF DEATH IN BAL	MORE, MARYL	AND		4. USUAL RESIDENCE (When	e deceased lived. If ins TY	titution: resid	lence before odmissi
FULL NAME OF (If n MOSPITAL OR oddr INSTITUTION	ot in hospital or i	institution, give	street	C. CITY OR TOWN (If out	side city limits, write R	URAL ond g	ve lownetrip)
2 Sinsi	Ha	splu		4 2 4	rural, give location)	1 -4	10-0
, , , , ,		/				10/1	> AVE.
SEX 6. RACE			VORCED (specify)	6/24/67	9. AGI (In years lost birthdoy)	Months D	Yr. II Under 24 F by's Hours Min. 7 55
DA. USUAL OCCUPATION (Good one during most of working life,		B. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN WHAT	OF COUNTRY?
		-		USA			USA.
3. FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
				CATHE	RINE		
5. Was Deceased Ever in U. (es, no or unknown) (II yes, giv			SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
18-7 7 L V	1		CAUSE O	F DEATH			TERVAL BETWEEN
DISEASE OR COL	NDITION DIREC	TLY	~	_	* 1	10	ISET AND DEATH
	TO DEATH		(A)	Immatur	-175/		\$-000 000000000000000000000000000000000
(This does not mean the heart failure, asthenia, a	elc, II means th	e disease,	DUE TO		1		
injury or complication v							
		ealh.)	(P)				
ANTECEDE	NT CAUSES		(B)				
	ITIONS, if any	y, giving					
ANTECEDE	ITIONS, if any cause (A) st	y, giving					
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DISEASES OR COND rise to the obove UNDERLYING CONDIT	ITIONS, if any cause (A) sl ION lost. II DN DITIONS COP T NOT RELATE	y, giving laling the					
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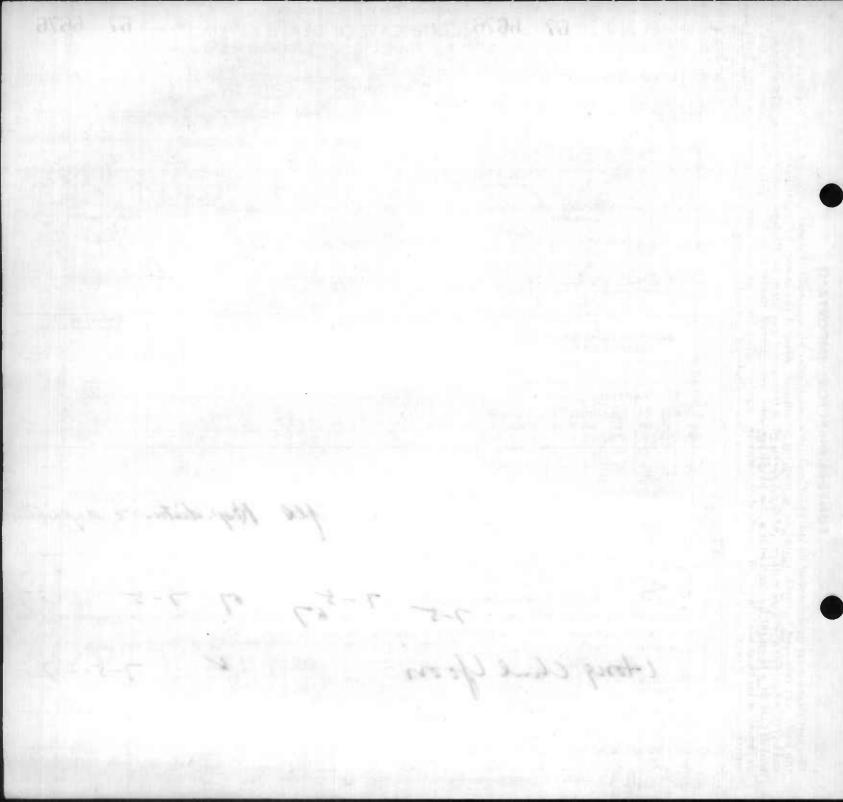
FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH uch and (5) Deceased death M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ONOR LO hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) of attendance A. STATE B. COUNTY cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) Alf outside city limits, write RURAL and give township C. CITY OF INSTITUTION (4) Undetermined cause; 0 more prior D. STREET ADDRESS contributing rural, give location made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased WIDOWED, DIVORCED (specily) Months: Days 2 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or Jorgian 12. CITIZEN OF disposition WHAT COUNTRY? eath done during most of working life, even if retired) Smar Hosp. 0 MOS the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME T direct RaiG death uo kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates al service) SECURITY NO. ance any CAUSE OF DEATH pronounced INTERVAL BETWEEN OF attend ONSET AND DEATH sterine ANOXIA DISEASE OR CONDITION DIRECTLY Imed of LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, poq D injury or complication which caused death.) em gu ANTECEDENT CAUSES who 10 Gre 4 DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. MOS medical 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body CERTIFIC 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED the Ū WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before the 21A. ACCIDENT WAS UNDERLYING where 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID IIf in Boltimore City, give exact location! home, lorm, foctory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF hospital ° DEATH (notify medical examined nature; obtained MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY approved (except While At Not While (APPROX.) Work At Work to the any 19 6 22. I certify that (1) (this haspital) attended the deceased from (g that (1) we) last saw the deceased alive on ond that (in (my)) (our) opinian death accurred an the dote be accident of eath) hospital ond hour and from the causes stated above. (1) (We)((did) (did not) view the body after death. was released must 23A. SIGNATURE 23B. DATE SIGNED Ö Attending Phys. M.D. 0 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) t o An Ċ D.O.A. 24A. BURIAL CREMATION. shows: (1) 248. DATE 24C. NAME of CEMETERY of CREMATORY eceased the body REMOVAL (Specily) ritten SD 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 3 ਰ } VS 150-REV. 1/1/65

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	BALTIMORE CI	TY HEALTH DEPARTMENT			
BIRTH NO. 61-13557 67	7. 6676 CERTIFIC	ATE OF DEATH	Registered Na.	-67-6	676_
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Jones Schora		D HOUR OF DEATH	(1)	4.71
3. PLACE OF DEATH IN BALTIMORE M	LARYLAND SEPTERA	4. USUAL RESIDENCE (When		ituliant residence befo	re odmission
		A. STATE COUN	ITY	BOL	1
FULL NAME OF (If not in hospito oddress or locoti	d or institution, give street	C. CITY OR YOWN (If out	. 1.41 1012	10 alla	(20)
INSTITUTION		C. CITT OK TOWN (IT OUT	tside city limits, write RU	KAL one give towns	nipi
11 Union	Memorial itosp	D. STREEY ADDRESS (If	rurol, give location)	0.5	-00
44	/	197115	Tana Pol	Balt	11 M
6. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE/(In years	If Under 1 Yr. If U	Jnder 24 Hi
mw	WIDOWED, DIVORCED (specify)	7-5-67	lost birthdoys	If Under 1 Yr. If L Months Doys Hour	Min.
DA. USUAL OCCUPATION (Give kind of we		RY 11. BIRTHPLACE (State or lorei		12. CITIZEN OF	V-
done during most of working life, even if retired		. m. 1.	. ,	WHAT COUNTR	
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	ME	Amen	CAN
· / / Lan	, , ,	A A A	-	*	
Herbert J.	School	Lydia Z	sther 1	104 11 RD ADDRESS	
5. Was Deceased Ever in U. S. Armed F Yes, no or unknown) (If yes, give wor or do		17. INFORMANT	0	ADDRESS	
		1110	ther		
18. 79/10/1	CAUSE	OF DEATH		INTERVAL B	
DISEASE OR CONDITION D	DIRECTLY	1 / 1 0	1	ONSET AND	DEATH
LEADING TO DEATH	A (A)	eonatal Nes	puratory a	lestress	SMIC
(This does not mean the made of heart failure, asthenia, etc. It mean	of dying, e.g., DUETO	1/			
injury or camplication which couse	ad death.)	eonatal Res,	Les le	à medas	
ANTECEDENT CAUSE	ES (B)	withe remove	ragic our	corner	
DISEASES OR CONDITIONS, if					
rise to the above cause (A UNDERLYING CONDITION last.	.) sloling the (C)		** ** 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
11					
OTHER SIGNIFICANT CONDITIONS					
TO THE DEATH BUT NOT RE	LATED TO THE				
	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No			D
19A. DATE OF OPERATION 19B. CO	ERFORMED	1110	ROSO, distri	ess cas	merat
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact local	non)
₹ DEATH (notily medical examiner)	etc.)	omee stage, itte par e cook.			
21D. TIME (Month) (Doy) (Yeo	Hour 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
S (APPROX.)	While At Not V				
	Work At W		/	-	,
22. I certify that (1) (this hospit	al) attended the deceased from	1	19 67 10 7-	- 5	196
that (I) (we) lost sow the decea	sed alive on	19 6 and the	ot in(my) (aur) aplnl	an deoth occurred	on the do
ond haur and from the couses st	toted obove. (1) (We) (did) (did not) view the body after death.			
23A. SIGNATURE			1	23B. DATE SIGNED	
1-tong (Attending Med. Phys. Director	Stoff Phy s.	7-6-	67
23C. PHYSICIAN'S	and ofoot	23D. ADDRESS		1	
NAME (Type)	M.	D. 4 91 4 8 (1 2 2 3 7)	00 100 00	ER . TABIT A R	115
24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY of	JANA LUNS Y	OCATION (City	town, or county	(Stote)
REMOVAL (Specify)	-(-(-)	TIMILVED CLES	V MEDICAL	CCHOOL	(31016)
(-(0	~/	UNIVERBII	MEDICAL	. SCHUUL	
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	28C. FUNERAL DIRECTOR	ž.	ADDRES	2
		MODTHA	DV CEDIMO	T DCIII	Ď
71111 1 0 1067	ADS 62 Fallenno	MORTUA.	RY SERVIC	E - BCH	D



IMPORTANT FUNERAL DIRECTOR:

Registered Na. CERTIFICATE OF DEATH rect or contributing cause of death (4) Undetermined cause; (5) Deceased a hospital and M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) PO death. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission STATE / B. COUNTY BALTIMORE MARYLAND 3. PLACE OF DEATH IN attendance A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city timits, write RURAL and give township) 9 prior occurred disposition is made. in regular 9. AGE (In years MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months! Days 5. SEX deceased WIDOWED, DIVORCED (specify) last birthday! 6 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death done during most of working life, even if retired) Was the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME or his assistant if death HO Ever in U. S. Armed Porces 17. INFORMANT or final give wor or dates of service) (Yes, so of unknown) (If yes/ SECURITY NO. attendance fracture of any CAUSE OF DEATH pronounced DISEASE OR CONDITION DIRECTLY embaimed theophralexis tetatis LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or camplication which caused death,) who DUE TO ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, giving ල = rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. chief medical Was the body was released to the hospital by a medical shows: (1) An accident of any nature; (2) Body burns; ATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. ERTIFIC, 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED the 20A. AUTOPSY? (Yes WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Cryt MAS before the 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, farm, factory, street, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) approved by 21D. TIME OF INJURY obtained 9 (Month) (Day) (Year) (Hous) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except Not While [While Ar (APPROX) pub Work At Work 22. I certify that (I) (this hospital) attended the deceased fram. pe that (1) (we) last saw the deceased alive an I _____19____and that in(my) (aut) apinian death accurred an the date death) hospital and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff deceased prior to written approval Director approval Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS was D.O.A. at NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 2SB. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs. Hours Min.

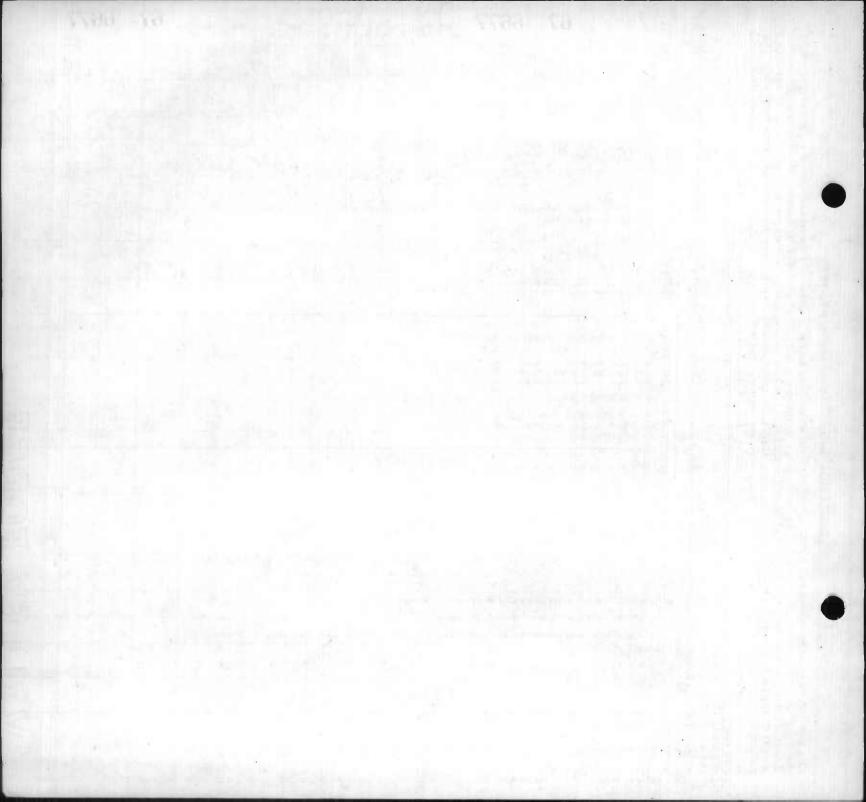
12. CITIZEN OF

WHAT COUNTRY?

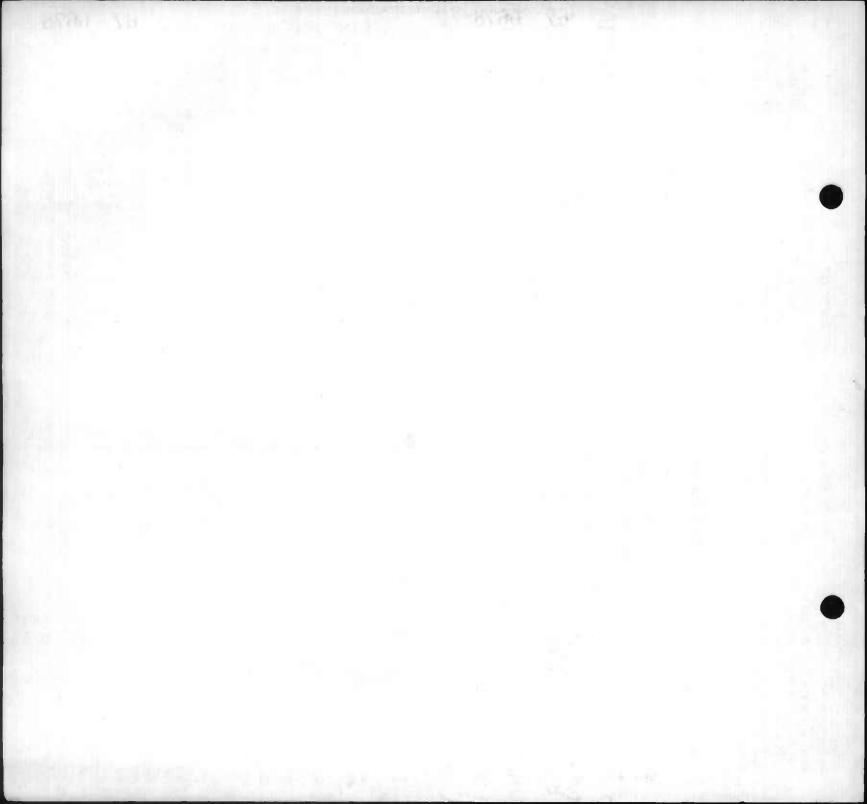
ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

ADDRESS

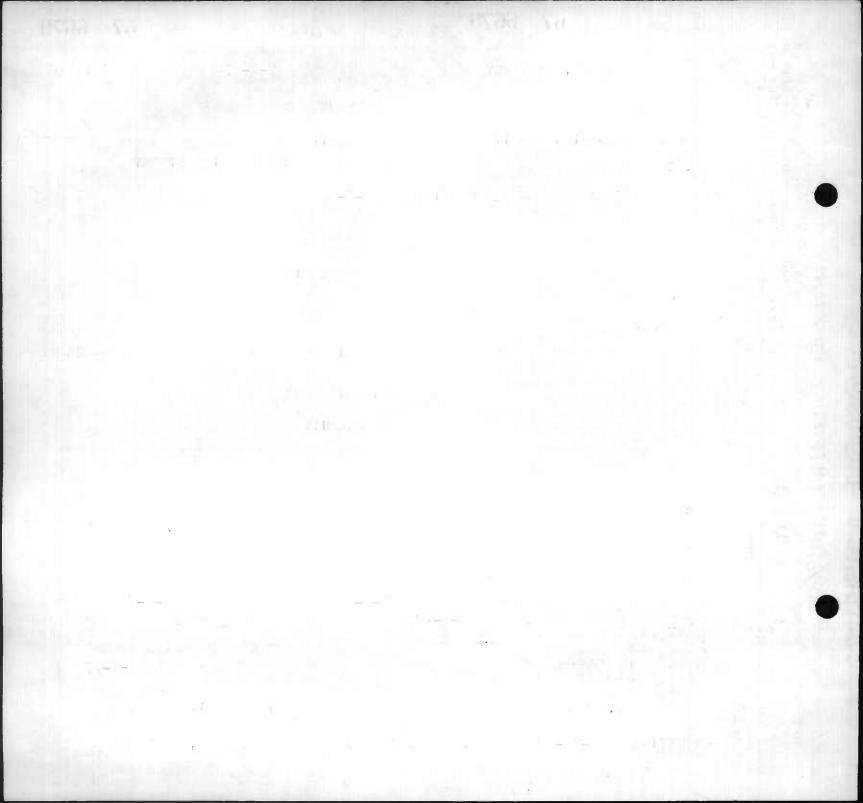


511	(1) (2) 67 6	678 BALTIMORE CITY	HEALTH DEPARTMENT		CH COMO
	IRTH NO. (07 / 1050) 07. 0	CERTIFICA	TE OF DEATH	Registered No.	67 6678
- 11	NAME OF DECEASED	Roy Nous	2. DATE AN	D HOUR OF DEATH	7 6'00 A.
	PLACE OF DEATH IN BALTIMORE, MARYLAND	Log NEW,	4. USUAL RESIDENCE (When	of deceased lived. If ins	litution: residence before admission)
	FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	tion, give street	C. CITY OR TOWN (If ay	side city limits, write RU	URAL and give township)
	10	/	D. STREET ADDRESS (If	Lonary rural, give location)	2/2/8
	4 Md. GEN. H		2418	N. Cal	vert St
<u> </u>	MALE NEGRO 7. MAR	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA, USUAL OCCUPATION (Give kind of work 10 B, KIN lane during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
		79	U.S.H.	- Ind	USA
	JAMES EdWA	Rd Boone	ANNIE	Louise.	NewmAN
	5, Was Deceased Ever in U. S. Armed Forces? Yes, na ar unknawn) (If yes, give war ar dates of sen	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			mo ther		Same
5	18. 7 7 - I	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	W RES	SPIRATORY 1	FAILURE	10 m
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis-				0000° (• 0000 0 nuu 00000 nuu 0000 m maaaan maa 0001
	injury or complication which coused death,)	PR	EMATURITY		
	DISEASES OR CONDITIONS, if ony, g	DUE 10	······································	10 dads 0 0 0 0 0 0 0 0 0 0 0 0 dads as a dado as 0 0 as a dads 0 dads 0 as 0 0 0 d	usedan x (
3	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.				
	II				
	OTHER SIGNIFICANT CONDITIONS CONTRIB				
		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No		INDINGS CONSIDERED
				IN CERTIFYING CAU	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, farm, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacotion)
3	21D. TIME (Manth) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	While At Wark Wark Not While At Work	e 🗌		
	22. I certify that (I) (this hospital) attend	ded the deceased from	1.0	1967 to Ja	ely 6 19 67
	that (I) (we) last saw the deceased alive			at in (my) (our) opin	ion deoth accurred on the date
	ond haur and from the causes stated about 23A, SIGNATURE	ve. (1) (We) (did) (did not) v	riew the bady after death.		23B. DATE SIGNED
	AD WILL	M.D. Atte	ending Med. Director	Stafl Phy s.	2/1/2
Bandal .	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	, 3.	116101
	Walke Wyper	M.D.	827 A moter	of Ampa	OF MADVIAND
	REMOVAL (Specify)	C. NAME of CEMETERY OF CRI	EMATORY THE THE 2407 L	CATION (City	down, or coomy? and a (Side)
	Removal 7-10-67	AAE OE BEGISTEAD	UNIVERS	ITY MEDIC	AL SCHOOL
		6 & Farberma	25C. FUNERAL DIRECTOR	JARY SERV	VICE - BCHD
	'S 150-REV. 1/1/65	N 57 7 12	O GARANTE	TAIL SLA	IVL - Dane



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if deatled body was released to the hospital by a medical examiner. Also, if the direct or	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was in	deceased prior to death); and (6) No physician was in regular attendance on the deventition are embalmed or final disposition
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NO. OF DECEASED					1	ND HOUR OF DEATI		
POT DEATH IN B	WERS BA	BY BOY	1	II4. LISHAL R	7-	9-67	institution: residen	0:35 PM
				A. STATE	B, COUI			0 00000
AME OF (IF	not in hospitol Idress or locotion	or institution,	give street	C. CITY OR	TOWN (If or	utside city limits, write	RURAL ond give	toweship)
	OPKINS H	OSPITA	11	BALT	LMORE			7-00
2	or Kino i	1001 117					TOCCT	
6, RACE		7. MARRIED	, NEVER MARRIED	-				. If Under 24 h
E NEG	RO	NEVER	D, DIVORCED (specify) R MARRIED	7-9-67		lost birthdoy)	Months Doys	3 25
		108, KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLA	CE (State or fore	eign country)	12. CITIZEN C	OF OUNTRY?
mos of working his	o, even in iemes,			MAR	YLAND			
'S NAME		-		14. MOTHER	S MAIDEN NA	ME		
						OWERS		
nknown) (II yes,	U. S. Armed For give wor or dote	ces? s ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMA	NT		ADE	RESS
62	31		CAUSE	OF DEATH				VAL BETWEEN
DISEASE OR C		ECTLY		te trade to		2		T AND DEATH
does not meon	the mode of	dying, e.g.	, DUE TO	SPHYXIA NEONATORUM			3 H	R 25 MIN
			•					
ANTECE	DENT CAUSES		(B) PF	MARY A	PNEA		>>> = 	*****
				EMATUR I	TY			
		Joining Inc						
P. SIGNIFICANT	II CONDITIONS C	ONTRIBLITIN	ıc					
THE DEATH E	BUT NOT RELA	TED TO TI						
ATE OF OPERATI			WHICH OPERATION	20 A. AUT	OPSY? (Yes or N	o) 20B. IF YES, WER	E FINDINGS CON	SIDERED H?
CCIDENT WAS	UNDERLYING	7 [21	B. PLACE OF INJURY (e.g.	Y	ES	NO		
DITRIBUTING	CAUSE OF			olfice bldg., INJ	URY OCCUR?	11 11 001111	ore only, give and	C. 10C0110117
ME (Month)		(Hour) 211	E. INJURY OCCURRED	21 F.	HOW DID IN	JURY OCCUR?		
		w	hile At Not Whork At Wor	ile 🗌				
	(this hospitol		the deceased from	7-9-67	00 0000 000 000 000 000 000 000	.19to	7-9-67	19
certity that (I)						hot in (my) (our) o		curred on the
	w the decease	d ollee on.						
l) (we) lost so			(1) (We) (<u>did)</u> (did not)					
l) (we) lost so			(1) (We) (did) (did not)	view the bod	y ofter death.	22.1927	23B. DATE SIG	
Our and from the			(1) (We) (did) (did not)	tending	Med.	Stolt Phys.	23B. DATE SIG	
l) (we) lost so			(1) (We) (did) (did not)	view the bod	Med.	22.1927		
OUT OND FOR THE CONTROL OF THE CONTR	Herouses stor	A S	(1) (We) (did) (did not) Peansly (M.D. A) M.D.	tending ys. 23D. ADDRESS	Med. Director	Stoll Phys. XX	7-9-	67
our ond from the GNATURE HYSICIAN'S AME (Type) RTHUR L AL CREMATION, OVAL (Specify)	BEAUDE 248. DATE	24C.N	(1) (We) (did) (did not) Caudy M.D. A PH M.D. AME of CEMETERY of C	tending ys. 23D. ADDRESS JOHNS REMATORY	Med. Director HOPKIN 24D.	Stoll Phys. XX	7-9-	67
I) (we) lost sort our and from the GNATURE HYSICIAN'S AME (Type) RTHUR L. AL CREMATION,	Herouses stor	7 July 24C.N	(1) (We) (did) (did not) Peansly (M.D. A) M.D.	riending	Med. Director HOPKIN 24D.	Sholl Phys. XX	7-9-	67
AALUI AALUI AACCH	DISEASE OR COLEADING OF CONDITION OF CONDITI	INAME OF ALL OR ODDITION OF ALL ODDITIO	ANAME OF (If not in hospital or institution, oddress or location) JOHNS HOPKINS HOSPITA G. RACE NEGRO AL OCCUPATION (Give kind of work 108, KIND Og g most of working life, even if retired) ER'S NAME Deceosed Ever in U. S. Armed Forces? unknown) (III yes, give wor or dates of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH I does not mean the mode of dying, e.g., i foilure, osthenio, etc. It means the disease y or complication which coused death.) ANTECEDENT CAUSES ASES OR CONDITIONS, if ony, giving to the above couse (A) stoling the DERLYING CONDITION lost. II ER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CHILD	Occoosed Ever in U. S. Armed Forces? In the property of the p	NAME OF Oddress or location) I JOHNS HOPKINS HOSPITAL STREET A 825 6. RACE NEGRO AL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA 825 AND 14. MOTHER MAR MAR 14. MOTHER MAR MAR 15. STATE MARY C. CITY OR D. STREET A 825 16. RACE NEGRO AL OCCUPATION (Give kind of work) 17. INFORMA 18. DATE OF INDUSTRY 19. B. DATE OF INDUSTRY 11. BIRTHPLA MAR 14. MOTHER MAD Deceosed Ever in U. S. Armed Forces? Unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMA SECURITY NO. 17. INFORMA ASPHYXIA DUE TO CAUSE OF DEATH CAUSE OF DEATH DUE TO 18. ASPHYXIA DUE TO 19. CONDITIONS, if ony, giving to the obove couse (A) stoling the obove couse (A) stoling the obove couse (A) stoling the OERLYING CONDITION SCONTRIBUTING THE DEATH BUT NOT RELATED TO THE ASE OR CONDITION CAUSING IT. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. A AUTHER ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 11. HORE (Month) (Doy) (Yeor) (Hour) 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chome, form, foctory, street, office bidg., inJ 218. PLACE OF INJURY (e.g., in or obout 21C chown) 218. PLACE OF INJURY (e.g., in or obout 21C chown) 218. PLACE OF INJURY (e.g., in or obout 21C chown)	AL OCCUPATION (Give kind of work) (II not in hospitol or institution, give street oddress or locotion) S. JOHNS HOPKINS HOSPITAL 3	JOHNS HOPKINS HOSPITAL A. STATE B. COUNTY MARYLAND	ASSE OR CONDITION DIRECTLY LEADING TO DEATH ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH ADDRESS OR CONDITION DIRECTLY LEADING TO DEATH ADDRESS OR CONDITION S, if only, giving to line above couse (A) stoling lihe before the bedown conditions of the bedown conditions of the bedown couse (A) stoling lihe before the bedown couse (A) stoling lihe asses, or complication with coused death.) ANTECEDENT CAUSES ASSE OR CONDITIONS, of only, giving to lihe above couse (A) stoling lihe asses, or complication which coused death.) ANTECEDENT CAUSES ASSE OR CONDITIONS, of only, giving to lihe above couse (A) stoling lihe asses, or complication which coused death.) ANTECEDENT CAUSES ASSE OR CONDITIONS CONTRIBUTING THE BEATH CONDITION SCONTRIBUTING THE BEATH CONDITION CAUSING IT. BE SIGNIFICANT CONDITIONS CONTRIBUTING THE BEATH CONDITIONS CONTRIBUTING



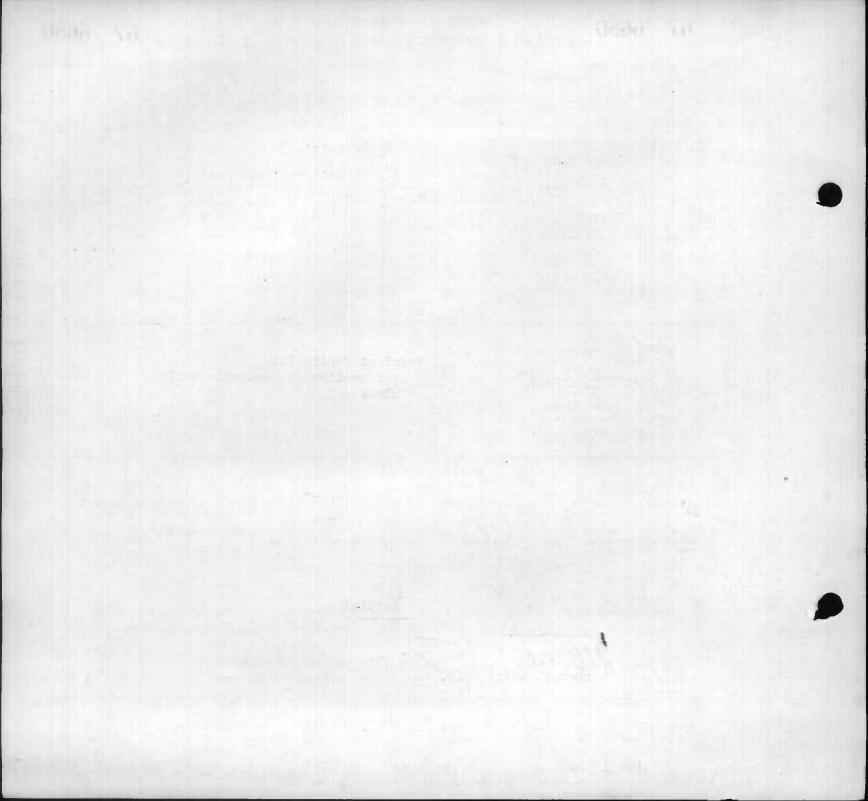
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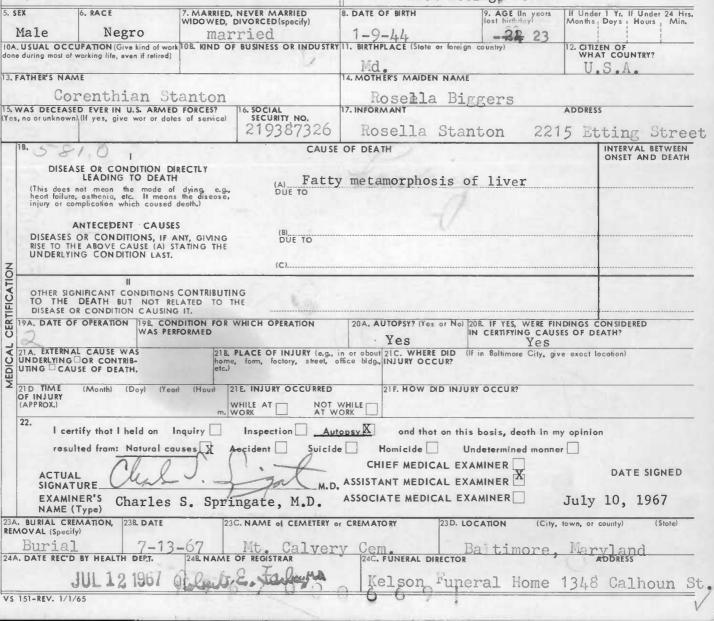
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N.67 6680

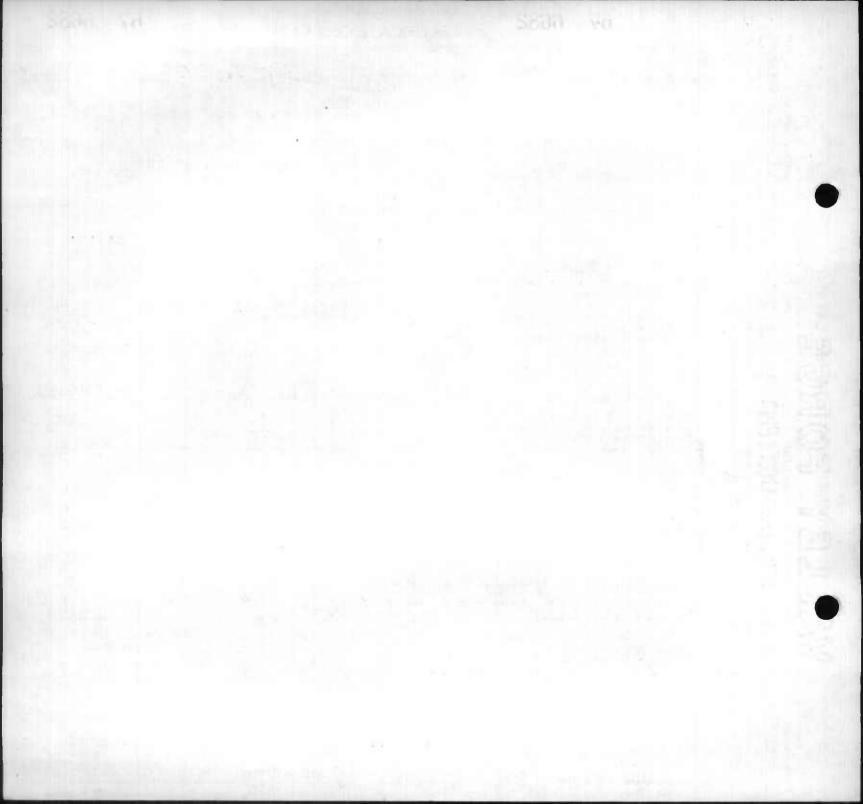
M.E. CASE NO.										
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD									
VERNON DARGAN						11, 1967		3:25		
3. PLACE IN BALTIMORE FULL NAME OF (IF	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give towaship)									
INSTITUTION	Baltimore 25-3									
2611 Spellman Road (DOA)				D. STREET ADDRESS (If regal, give location)						
99	2611 Spellman Road									
Male Male	Male Negro		NEVER MARRIED DIVORCED(specify) rried	4-23-29		9. AGE (In years lost birthday)		Yr, If Under		
10A, USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINES done during most of working life, even if refired)			F BUSINESS OR INDUSTR					OF COUNTRY?	1	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Ruffu	s Dargar	1		Mary I	aniel	S				
15. WAS DECEASED EVE (Yes, no or unknown) (If yes	R IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.				ADDRESS	DRESS		
			220246248	Gladys Dargan 2611 Spel				lman Rd.		
ANTEC DISEASES OR CO RISE TO THE ABO UNDERLYING CO OTHER SIGNIFICA TO THE DEATI DISEASE OR CON 19A. DATE OF OPERA	EDENT CAUSE: DINDITIONS, IF A VE CAUSE (A) ST INDITION LAST. II NOT CONDITIONS If BUT NOT REI DITION CAUSING	NY, GIVING ATING THE CONTRIBUTII ATED TO T	(B) DUE TO (C)	20A. ADIOPSY	a l Yes or No) [2	denal peptic	DINGS CO	TH?		
21A, EXTERNAL CAU UNDERLYING OR C UTING CAUSE OF	ONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C. WH	ERE DID (I	f in Boltimore City, giv	e exoct loc		es	
21 D TIME (Mont	h) (Doy) (Yeor		VORK AT W	WHILE ORK	ULNI DID V	RY OCCUR?				
I certify the	at I held an li am: Natural cai	C43				basis, death in m				
ACTUAL SIGNATURE_ EXAMINER'S NAME (Type)	Werner U	ush	. SN2CM.D	CHIEF MED ASSISTANT MED ASSOCIATE MED	DICAL EXA	AMINER X		DATE SIG /11/67	NED	
23A. BURIAL CREMATIO REMOVAL (Specify) Burial 24A. DATE REC'D BY HE	7-15	5-67	Arbutus M			Arbutus		yland	Stote)	
AU	12 1967	620. F	E Faloura			ral Home	1348	Calhou	ın S	





V.S. 153 and Birth Cert. F-92553 - 1944 8-8-67 M.H.

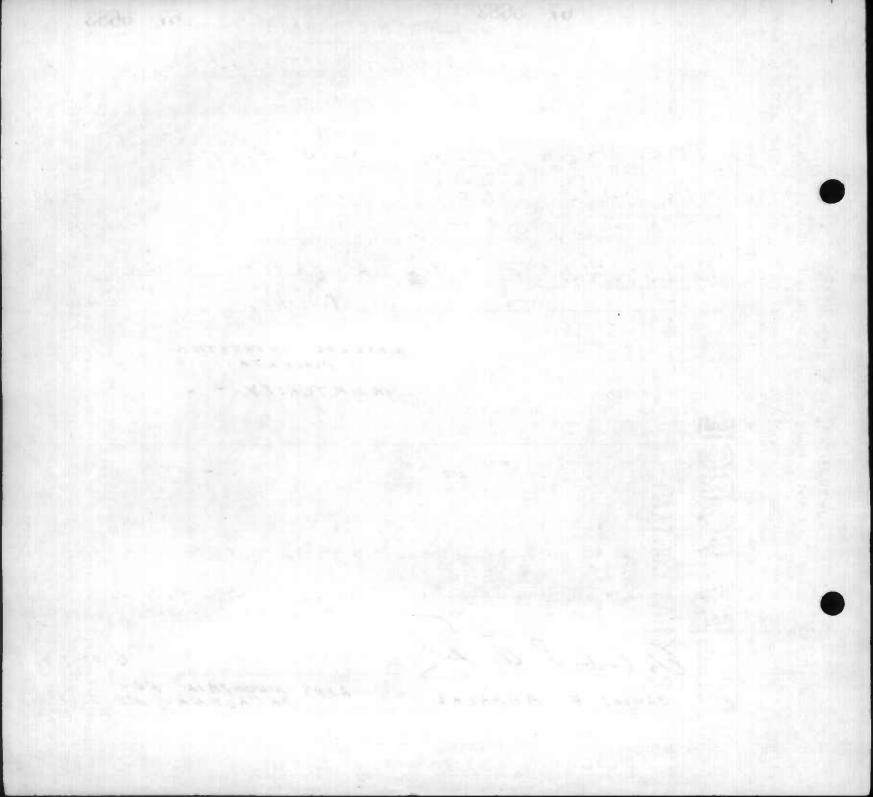
	CD CO	20	BALTIMORE CITY	HEALTH DEPARTMENT		CD CC00	
BIRTH N		36	CERTIFICA	TE OF DEATH	Registered No.	67 6682	
M.E. CA 1. NAME (Type of	OF DECEASED			2. DATE AN	D HOUR OF DEATH	I	
	Arthur Po	well		July	9, 1967	institution: residence before admission)	
3. PLAC	E OF DEATH IN BALTIMORE, MARY	LAND		A. STATE B. COUN	TY	institution: lesidence before odmission	
	NAME OF (If not in hospital or oddress or location)	institution,	give street	Md.			
INSTIT	TUTION				side city limits, write	RURAL ond give township)	
1	4005 Forest	Park	Avenue	Balto D. STREET ADDRESS (IF)	rurol, give location)	10,0	
0				4005 Forest		enije	
5. SEX		MIDOME	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 His Months Doys Hours Min.	
M	10-1-4	Marr		12-3-17	49	The Civitan of	
	JAL OCCUPATION (Give kind of work) ing most of working life, even it retired)	UB. RIND OF	BOSINESS OR INDUSTRY	2.5	gn country)	12. CITIZEN OF WHAT COUNTRY?	
				Maryland		U.S.A.	
13. FATH	HER'S NAME			14. MOTHER'S MAIDEN NAM	ΛE		
	Andrew Powell			Bertha Wo	ods		
15. Wos	Deceased Ever in U. S. Armed Force or unknown) (If yes, give wor or dotes	ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
,. 03,110 0		J. 3617106/	215014430	Coletha Powe	17 4.004	5 Forest Park Av	
1B.	260X		CAUSE O		700,	INTERVAL BETWEEN	
0	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH		(A)	or overy 1	nowforg	7-967	
	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc., It means the disease,						
	ry or camplication which caused d		Α.	0 (0 0	0.1 -()	0-19-6-2	
	ANTECEDENT CAUSES		DUE TO	caco / nec	tu co	4 Jan Caras	
	EASES OR CONDITIONS, if or					18 months +	
	DERLYING CONDITION last.	(CI	······································		10 00000		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
A DIS	THE DEATH BUT NOT RELAT		E				
DI 19A	DATE OF OPERATION 198. COND		WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21 A	ACCIDENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g., in	n at about 21 C. WHERE DID	(If in Boltimo	re City, give exact location!	
DEA	CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF	hom etc.	ne, lorm, loctory, street, of	ffice bldg., INJURY OCCUR?			
U		(Hourl 21E	. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
₩ OF I	PROXI	Wh	ile At Not Whil	e 🦳			
		Wo	rk At Work		19		
22.	I certify that (I) (this hospital)	attended t	/	/ -/	19¢ / ta	6-20-19-67	
that	t (1) (we) last saw the deceased	alive an	6-70-	19and the	at in (my) (aur) ap	pinian death accurred an the day	
and	havr and fram the causes state	d abave. (l) (We) (did) (dld nat) v	lew the bady after death.			
23A.	SIGNATURE	1	1.			23B. DATE SIGNED	
	How M.	000 H	Atte	ending Med. Director	Stoff Phys.	7-10-67	
23 C.	PHYSICIAN'S		11	23 D. ADDRESS			
	NAME (Type) T. BCS 156	100	M.D.	2243 M	anzibs	Ytis	
24A. BU	RIAL CREMATION, 248. DATE	24C.N	AME OF CEMETERY OF CRE	EMATORY 24D. LO	OCATION (City, lown, or countyl (Stole)	
RE/	MOVAL (Specify)		00/				
	urial ATE REC'D BY HEALTH DEPT. 2	SR NAME 4	Arbutas Men	25C. FUNERAL DIRECTOR	rbutus	Maryland	
ZJA. DA	TE ALOU BY HEALTH DEPT.	JO NAME	OF REGISTRAR				
	JUL 12 1967 (1	0.6	E January	Kelsen Rune	ral Home	1348 Calhoun St	
VS 150-	REV. 1/1/65						



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death () shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

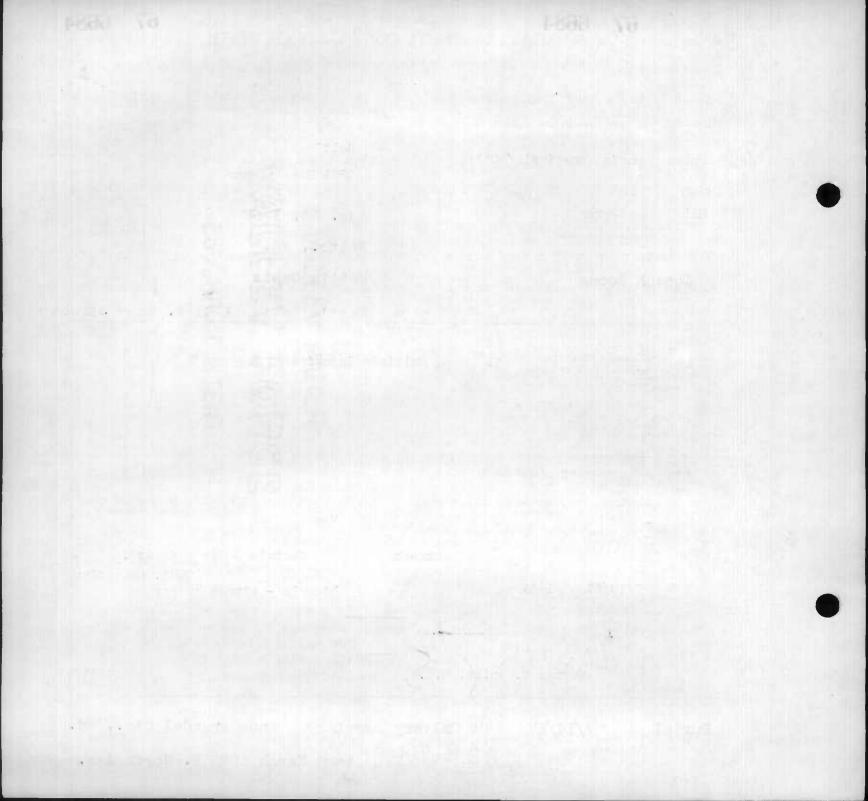
67. 68	83 BALTIMORE CIT	Y HEALTH DEPARTMENT	OP	0000
BIRTH NO. (01-1391)		ATE OF DEATH	Registered No. Z	6683
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) BABY BOY	CAdde	is July -	25, 196	7 116 42 p M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT		ution: residence before odmission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) INSTITUTION	ion, give streel	MARY/AND C. CITY OR TOWN (If outsi	de city limits, write RUR	AL and give township)
+X 1 0	,	BAlti more	2	1230
md GEN	Hosp.	1719 Be	tol, give location)	
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9.	AGE (In years I st birthdoy)	f Under 1 Yr. If Under 24 Hrs.
MALE WhITE	NB	SUNE 25, 1967		2 10
10A. USUAL OCCUPATION (Give kind of work 10B. KINI done during most of working life, even if retired)	O OF BUSINESS OR INDUSTR	111. BIRTHPLACE (Stote or foreign	country)	2. CITIZEN OF WHAT COUNTRY?
	and a supply	md.		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1	,
AlfRED HILLIARY	CADDEN	LINDA MI	AY 5/11	ck
15. Was Deceased Ever in U. S. Armed Forces? / (Yes, no or unknown) (If yes, give war or dates of servi	ce) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		mother		SAME
18. 7 6 1 5 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	(A) M	ARGINAL SEP	1RATION	
(This does not mean the made of dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO ase,	OF PLACENT	A .	
injury at camplication which coused death.)				
ANTECEDENT CAUSES	DUE TO	NMA TURITY		**************************************
DISEASES OR CONDITIONS, if ony, gi-				
UNDERLYING CONDITION last.	the (C)			***************************************
ll ll				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
DISEASE OR CONDITION CAUSING IT.	~ ~	IOAA		
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hour)	21 E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Not Wh	le _		
22. I certify that (1) (this hospital) attended			67 to JUN	625 1967.
that (I) (we) lost sow the deceased alive				n deoth occurred on the date
			in (my) (our) opinio	n death occurred on the date
ond hour and from the causes stated abov	e. (I) (we) (did) (did/not)	view the body offer death.	loa	B. DATE SIGNED
6 6 6	M.D. At	ending Med. S	tolf —	6-27-67.
23C. PHYSICIAN'S	Ph	ys. Director P	hy s.	67,67,
NAME (Type)		230. ADDRESS 2705 MOC	NTAIN I	20-
	RABAL M.D.	ANIA PRAST	KIDEWA TI	120-34/230
24A. BURIAL CREMATION, 24B. DATE 241	C. NAME of CEMETERY OF CE	EMATORY ALL SALLO	CALION A IT IV (City,	towal bir county) Little (State)
1-7-61		UNIVERSIT	IV MEDICA	I SCHOOL
JUL 12 1967 258, NA	ME OF REGISTRAR	236 FUNELAL DIRECTOR	DV CEDIC	ADDRESS
The state of the s	Sat, E. Table M.	MUKIUA	KY SERVIC	F - RCHR
VS 150-REV. 1/1/65		3		



BIRTH NO.

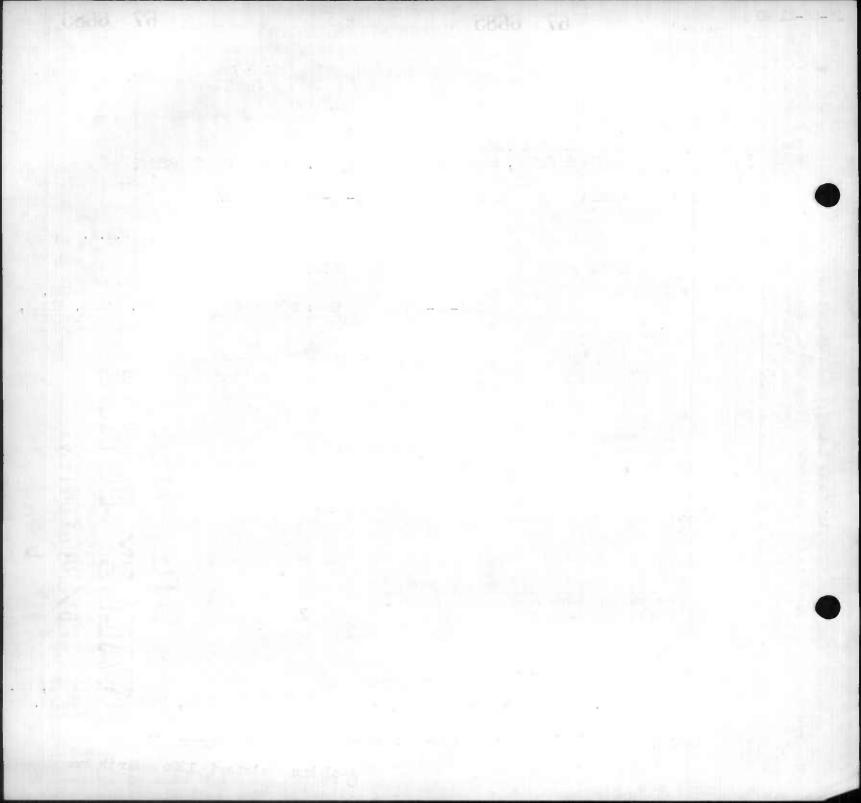
67. 6684 BALTIMORE CITY HEALTH DEPARTMENT 67. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE N	0,				
1. NAME OF (Type or Print)	DECEASED			2. DATE AND HOUR PRONOUNC	ED DEAD
STEVE		BOON	Œ	July 10, 1967	1:25 P. M.
		WHERE PRONOUNCED DEAD	4. USUAL RESIDE A. STATE Maryla	NCE (Where deceased lived, If inst	
HOSPITAL OR	ADDRESS OR LO	ITAL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	N (If outside corporate limits, write	RURAL ond give township)
Union	Memorial Hosp	oital (DOA)		nore ESS (If rural, give location) Lope Avenue	7-07
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		If Under 1 Yr. If Under 24 Hrs.
Male	Negro	WIDOWED, DIVORCED(specify)	Aug. 2	6. 1952 14	Months, Doys, Hours, Min.
	CCUPATION (Give kind of wast of working life, even if retired	ork 10B. KIND OF BUSINESS OR INDUST	IRY II. BIRIHPLACE	otate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME		Balto.	Md.	
POL	eph Boone		Mattie	Davis	
15. WAS DECE	ASED EVER IN U.S. ARM		17. INFORMANT		ADDRESS
(Yes, no or unkn	own) (If yes, give wor or de	otes of service) SECURITY NO.	Mattie	Devis 1701 N.	Hope Street
18.	SEASE OR CONDITION	DIRECTLY	SE OF DEATH	Davis zroz ne	INTERVAL BETWEEN ONSET AND DEATH
(This do	LEADING TO DEA pes not mean the mode ilure, asthenia, etc. It means r complication which couse	of dying, e.g., ons the discose, (A) FIGUE DUE TO	iple Injuri	.es	
DISEAS	ANTECEDENT CAUS	ANY, GIVING (B)			
UNDER	THE ABOVE CAUSE (A)	STATING THE T.			
0		(C)			
O TI	II SIGNIFICANT CONDITION HE DEATH BUT NOT SE OR CONDITION CAUSI	RELATED TO THE			
19A. DATI	OF OPERATION 198. CO	ONDITION FOR WHICH OPERATION ERFORMED	Yes	(Yes or No) 208, IF YES, WERE FI	SES OF DEATH?
O UNDERLY	RNAL CAUSE WAS NGMOR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e., form, foctory, street, etc.) Street	, office bldg., INJURY	HERE DID (If in Boltimore City, gi OCCUR? Curtain & Aisquit	0 00
OF INJUR (APPROX.)		1:25 pm. WHILE AT NO	T WHILE	Sub	j. operating
22.	certify that I held on		Teb	that an this bosis, death in r	
re	esulted fram: Natural	causes Accident X Suic	ide Homicle	de Un determined mann	er 🗌
ACT	UAL 11108 1	16/2 Site.		EDICAL EXAMINER	DATE SIGNED
EXA	MATURE (NO) MINER'S WE'T ME (Type)	ner U. Spitz, M.D.		EDICAL EXAMINER X	7/11/67
23A, BURIAL REMOVAL (Sp		23C. NAME OF CEMETER	Y or CREMATORY	23D. LOCATION (City,	, town, or county) (State)
Buria		67 Mt Calvary	Cemetery		L Cty., Md.
	JUL 12 1967	Robert E. Farley M	Wm C		North Ave.
VS 151-REV.	1/1/65 / 8 / 9		0 0		



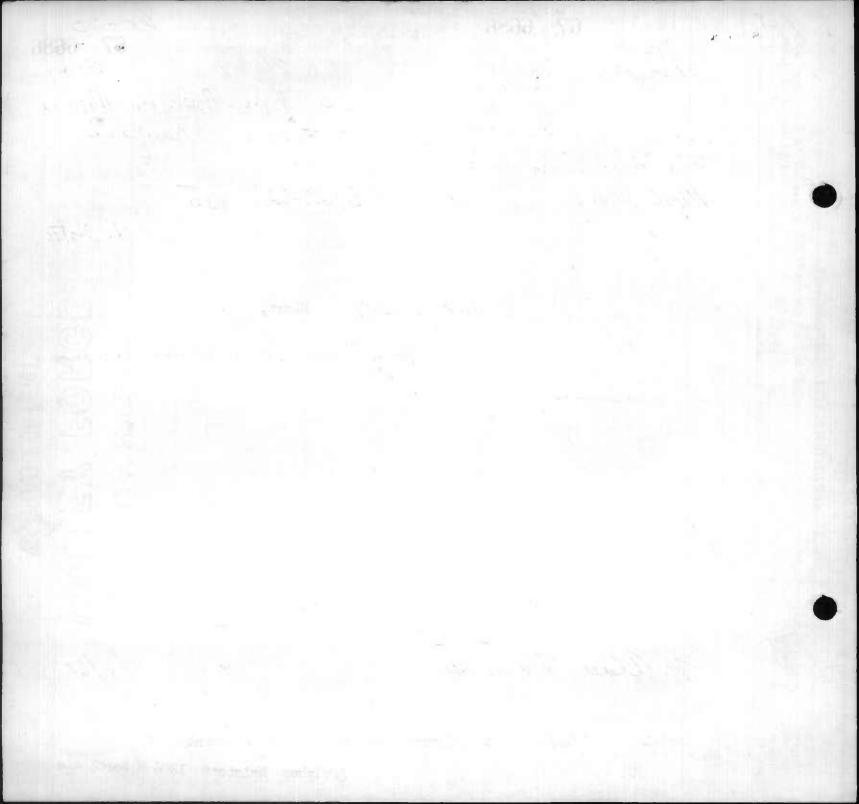
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT	CT CCOF
BIR	TH NO. 67. 6685 CERTIFICA	ATE OF DEATH Registered No.	67. 6685
1,1	E. CASE NO.	2. DATE AND HOUR OF DEAT	Н
(Ту	pe of Print) Boarse Lewis	7-5-67 83	P/Pm.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If A. STATE B. COUNTY	institution; lesidence before odmission)
	FULL NAME OF (If not in hospital or institution, give sheet oddiess or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)
-	BALTIMORE CITY HOSPITALS	BALTIMORE	e kokac ond give lownship
	2 / 4940 EASTERN AVENUE	D. STREET ADDRESS (If rurol, give location)	
	BALTIMORE 21224, MARYLAND	433 W. BIDDLE STREET	#21201
	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MALE NEGRO MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 3-25-00 67	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
on	e during most of working life, even if retired)	NORTH CAROLINA	U.S.A.
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.D.A.
	ACTION BOONE	BETSY	
5. / e	Was Deceased Ever in U. S. Armed Forces? s,no of unknown](If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS MD.
	244-16-5492A	RECORDS: BCH 4940 EASTER	N AVE. BALTO. 21224,
Ī	18./ / X CAUSE (OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH	robable assistance of	
	(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	electic quaterial	The second second
	injury ar camplication which caused death.)	2 -1 10	1656
	ANTECEDENT CAUSES (8) DUE TO	M. of Journ	
	DISEASES OR CONDITIONS, if ony, giving	0 4	
	rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		
	ll l		
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO!	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ur.	
U	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER	E FINDINGS CONSIDERED
ERTIF	10/13/66 TRAdigation	1 LEC	
O	OR CONTRIBUTING CAUSE OF home, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exoct location)
CAL	DEATH (notify medical examiner) Will etc.)	_	
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?	
8	(A PPROX.) White At Not White At Work At Work		
	22. I certify that (IX(this hospital) attended the deceased from	11-9 1966 to	7-5 19 67
	that (I) (we) lost saw the deceased alive an		
			printed death decorred an the adia
	and haur and fram the causes stated abave. (1) (We) (did) (did nat)	view the bady after death.	23B, DATE SIGNED
		ttending Med. Stoff	The second secon
	Januar Determoned Ph	ys. Director Phys.	7-5-67
	23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS	BALTIMORE 21224, MI
		BALTIMORE CITY HOSPITALS,	
41	A. BURIAL CREMATION, REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION	(City, town, or county) (State)
		metry A A County	Md
25/	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS OF W North Ave
	JUL 12 1967 Obline En Talkey Mil	Adolphus Halstead 12	06 W North Ave
VS	150-REV. 1/1/65		



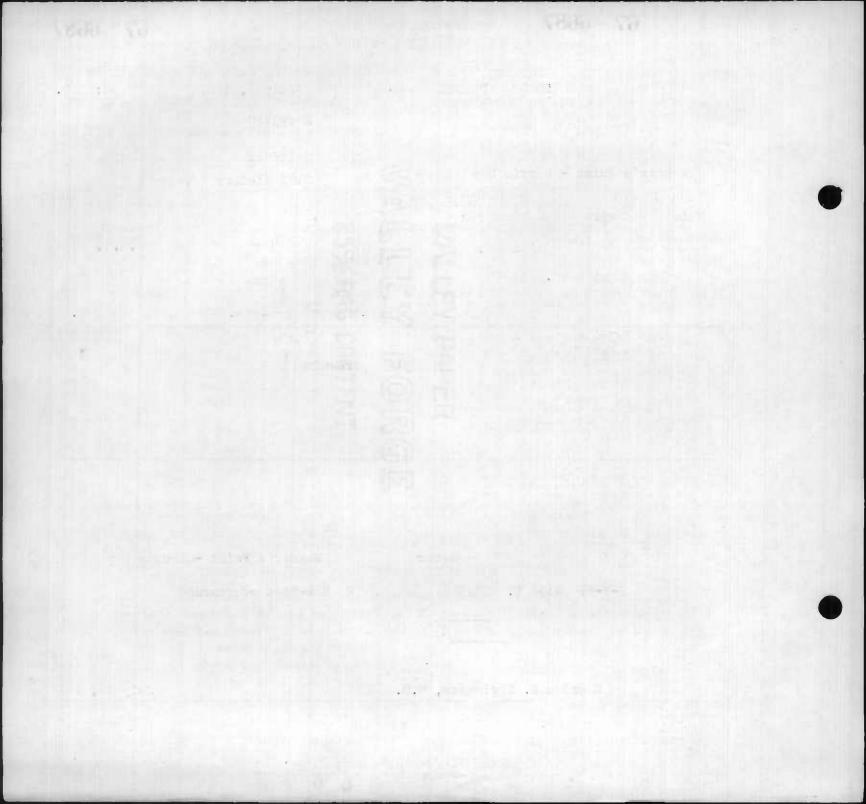
T.	40	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	deat deat	Suc
	ospite e of 5) De	nce death.
	caus	enda to o
	uting ed car	prior
•	ntrib	egula
	or co	dece
je:	rect (4) U	was
TAN	he di	death se on
FUNERAL DIRECTOR: IMPORTANT	is ass if t any b	ndan
¥	Also re of	atte
TOR:	miner niner. fractu	gular
RECI	exan (3) A	in re
IG J	edical dical urns;	ysicia
IERA	ief m a me	ician
FU	he ch i by (2) Bo	phys
	spita spita	whe S) No
	he ho) pur
	d to t	tal (e th) ;
	lease ident	hospi o dea
	as re	rior t
	dy w	sed p
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	- + s	- 0

		COMM	0000	BALTIMORE CITY	HEALTH DEPARTMEN	Т	11 2-
BIRTH		67.	6686	CERTIFICA	TE OF DEATH	Registered No	06-55
1, NA	CASE NO.		- 11 1		2. DATI	AND HOUR OF DEATH	67. 6686
	SYLVESTEY ACE OF DEATH IN BA	1714005 446	ALCY		7	18/67	130 A.M M
3. PLA	ACE OF DEATH IN BA	LIMORE, MAI	RILAND		A. STATE B. C	OUNTY	stitution: rasidence befare admission)
HO			ar institution, give		C. CITY OR TOWN	of h (AR)	ton HVEnue
INS	KELANLI	ONVALE	escent;	+nunsing	Bulton	ma ma	arland
him	ne. 150/1.	Duker	ANd St.	Laursing	D. STREET ADDRESS	(If rural, give location)	- LUEIGAN
5, SEX		imary,	LANS	1210	24 S. DATE OF BIRTH		
1	Male Nea	7-2 1)		OVORCED (specify)	2-21-0.	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			108, KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLA CE (State or	foreign country)	12. CITIZEN OF
done d	luring most of working life,	, even il retired)			7) []	X	WHAT COUNTRY?
13. FA	THER'S NAME			1	4. MOTHER'S MAIDEN	NAME	G J J J J J J J J J J J J J J J J J J J
		X			11	×	
15. Wa (Yes, no	as Deceased Ever in U o or unknown)(If yes, g	S. Armed Forciva war or date:	es? 16 s of service)	SOCIAL SECURITY NO.	7. INFORMANT	1	ADDRESS
			2	28-03-25	77 Char	t,	
18	7751	1		CAUSE OF	DEATH	ar .	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CO	NDITION DIR	ECTLY	16,4	the 1	ardiovascula	111.1.
	This does not meon earl failure, osthenia,			DUE TO	current Co	a aug oas cure	v aufumu
	njury or complication			1110	Clare		
		ENT CAUSES	,	DUE TO			00 000 00 00 00 00 00 00 00 00 00 00 00 00
	DISEASES OR CONT se to the obove			(C)			C (1. 20
U	INDERLYING CONDI	TION lost.	3	***************************************		99 v 2 v 2 6 5 0 v 2 v 2 0 5 5 5 5 0 v 2 v 2 v 2 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00004
Z	OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING				
ATIC	TO THE DEATH BUDISEASE OR CONDITION	JT NOT RELA	TED TO THE				
RTIFIC	A. DATE OF OPERATION	N 198 CONI WAS PERF	DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
U 21	A. ACCIDENT WAS L	INDERLYING			or about 21C. WHERE DI		City, give exact location)
	EATH (natify medical e		home, etc.)	form, factory, street, att	ce bldg., INJURY OCCU	R?	
21	ID. TIME (Month)	(Day) (Year)	(Hour) 21E, IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
>	APPROX)		While Work	At Work Not While			
22	2. I certify that (I) (this hospital) ottended the	deceosed from	8/16	19 66 to	7/8 1967
th	not (I) (we) lost sow	the decease	d olive on	7/7	19.6.7.7 on		nion death occurred on the date
or	nd hour ond from the	e couses stot	ed obove. (1) (Ve) (did) (did not) vi	ew the body ofter dec	oth.	
23	A. SIGNATURE	1	7/1	M.D. Atter	ding Med.	Stoff 🕢	23B, DATE SIGNED
22	M. Wa	4 /	Tauco, 1	Phys	Director L	Statt Phys.	7/8/67
23	NAME (Type)			M.D.	3D. ADDRESS		
24A. E	BURIAL CREMATION,	24B, DATE	24C. NAM	E OF CEMETERY OF CREF	AATORY 24	D. LOCATION (Cit	ly, town, or county) (State)
	REMOVAL (Specify) Burial	7/11/4	P4 3.04				
25A, [DATE REC'D BY HEAL		25B. NAME OF		etry 25C. FUNERAL DIREC	TOR	Md ADDRESS
	JUL 1	2 1967	R.Cat &	, standen Pra	Adolphus	Halstead 120	6 W North Age
V\$ 150	0-REV. 1/1/65						



M 626

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. MAC. CASE NO. NAME OF DICEASED Type or Print ROLAND MERCER Jr. I. HARCE IN BASTIMORE, MARTLAND, WHERE PRONOUNCED DEAD ADDRESS OR LOCATION. Wagner's Point - Curtis Bay Wagner's Point - Curtis Bay Wagner's Point - Curtis Bay No. Line Coupling to the diversity of the		67 668	7	BALTIMORE CITY HEA	LTH DEPARTMENT		67 6687
ROLAND MERCER Jr. PART AND HOUR PROMOUNCED DEAD JULY 9, 1967 6:05 P. FRACE IN SALTIMORE MARKLAND, WHERE PRONOUNCED DEAD JULY 9, 1967 6:05 P. FRACE IN SALTIMORE MARKLAND, WHERE PRONOUNCED DEAD JULY BARAGE OF JULY B	BIRTH NO.	MEI	DICAL EX	AMINER'S	ERTIFICATE OF I	DEATH Registe	ered Na
The arminder of the partition of the par	M.E. CASE NO.						
RACE IN SACTIMORE MARTAND, WHERE FRONDUCED DEAD NAME OF MONTH N HOSPITAL OR INSTITUTION, GIVE STREET NAME OF MONTH N HOSPITAL OR INSTITUTION OR INSTITUTION, GIVE STREET NAME OF MONTH N HOSPITAL OR INSTITUTION OR INSTITUTION OR INSTITUTION, GIVE STREET NAME OF MONTH N HOSPITAL OR INSTITUTION OR INST	1. NAME OF D						
ULI NAME OF ADDRESS OR LOCATION OF STREET Wagner's Point - Curtis Bay Disease Need of Month of Street Name of Month of Street Name of Name of Street Name of Street Name of Street Name of Name of Street Name of Street Name of Street Name of Name of Name of Street Name of					041)		14
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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(000	BALTIMORE CIT	Y HEALTH DEPARTMENT		67 6688
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	07 0000
M.E. CASE NO.		2. DATE A	ND HOUR OF DEATH	v_
Type or Print EULA MODEL		7/9	162 84	erm 1
B. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe	ere dereosed lived. If i	nstitution: residence before admission
FULL NAME OF (If not in hospital or insti	tution, give street	Maryland	4	16-04
HOSPITAL OR address or location)			staide city limits, write	RURAL and give township)
Baltimore City Hospitals		Baltin	me, Md	21217
4940 Eastern Ave.			rural, give locotian)	
Baltimore, Maryland # 21	224	810 McKea	n Ave.	
Temale Vegro WII	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8/20/96	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr Manths Days Haurs Min.
OA, USUAL OCCUPATION (Give kind of work 10B, K) one guring mast of working life, even it retired)	ND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
kniku le	Hanse	S. Carole	na	USA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
wille Edwards	5	Horniet	Counts	
5. Was Deceased Ever in U. S. Armed Farces?	1 6- SOCIAL	17. INFORMANT		ADDRESS
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18. / X	CAUSE	OF DEATH)	INTERVAL BETWEEN
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TO THER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTOPSY? (Yes at N		FINDINGS CONSIDERED
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OR CONTRIBUTING CALLSE OF	21B. PLACE OF INJURY (e.g., home, farm, factory, street,	in ar about 21 C. WHERE DID	(If in Baltima	re City, give exoct location!
DEATH (natify medical examiner)	etc.)			
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(APPROX.)	While At Nat Wh			, ,
22. I certify that (4) (this hospital) atter		1/11/	1967 10 5	7/9/ 1062
	ALC			190
that (1) (we) last saw the deceased aliv				inian death accurred an the do
and have and from the causes stated abo	ave. (1) (We) (did) (did not)	view the bady after death.		
23A SIGNATURE	- 0 40 4	tonding AAnd	Staff ar	23B. DATE SIGNED
paneine Si	Egal M.D. At	tending Med. ys. Director	Phys.	1/9/67
28C. PHYSICIAN'S NAME (Type)		23D. ADDRESS Baltimo	re City los	pitals /
FRANCINE SIE	GAC M.D.	4940 Bastern AV	e Bal limor	6. Md. # 21224
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CI	REMATORY 24D. L	OCATION (C	City, tawn, or county) (State)
V - 1 7/12/12	MOUNT Aubus	v (En K	ALTIMORIE	MARVARAM
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Josep	h A. Peters			Henrietta	Shultz		
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es, no or unknov	vn) (If yes, give wor or dot	es of service)	SECURITY NO.				
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DISEASE OF			- XC	4 evious	Obesit	- 4	
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			7514	NO	IN CERTIFIENG C	AUTES OF DEAL	IH?
U 121A. ACCID	ENT WAS UNDERLYING			in or about 21 C. WHERE DI	D (If in Bottime	are City, give exe	oct locotion)
OR CONTRI	BUTING CAUSE OF	home	, form, foctory, street,	office bldg., INJURY OCCU	R?	, ,	
)	iy medicol exominen	610.7					
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
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TATT ROAT	1	Work	☐ At Wo	rk 🗀	1	1 -	-
22. I certif	y that (1) (this hospita	H) ottended th	e deceased from	1702	19 10 10	1-1	19.6
that (I) 4-0	lost saw the decens	ed alive on	6/29	19 67	d that In (my) 4	ninian denth a	coursed on the
						p	
and hour	nd from the couses sto	oted above. (I)	(Web (ald nat)	view the body after dec	oth.		
234. SIGNAT	URE	TANK				23 B. DATE SI	GNED
K	100	500 ER	M.D. A	ttending Med.	Stoff	7.	10,67
33C BHACIC	A CO COS	Edg Edg	TOWN	122D ADDRESS			
NAME	(Type)	MON	MANEL	200. MDDRESS			
		38	Mary Dall	0.			
		24C. NA	ME of CHAFTEM 28. C	REMATORY 24	D. LOCATION (City, town, or co	unty) (Sto
REMOVAL	(Specify)	_	130-		,	77	
Burial	L 7/11/6	7 Moun	t Auburn Ce	metery B	altimore Ma	ryland	
SA. DATE REC'	D BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIREC	TOR		ADDRESS
	1111 1 2 1967	DO 0.6	E Stanber MA	Herbert E.	. Nutter-3035	W. Nort	h Ave.
S 150-REV. 1/1		Alvoins .		0 6 0 9	-)		
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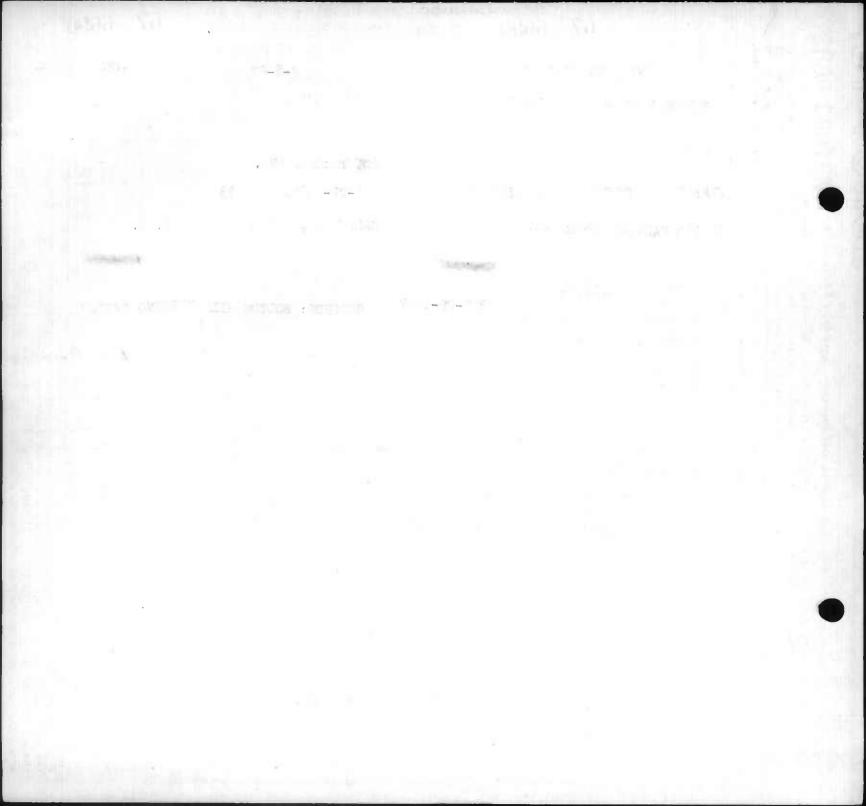
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6690 Registered No. CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) no deceased lived. If institution: residence before admission? OVA WASHINGTON

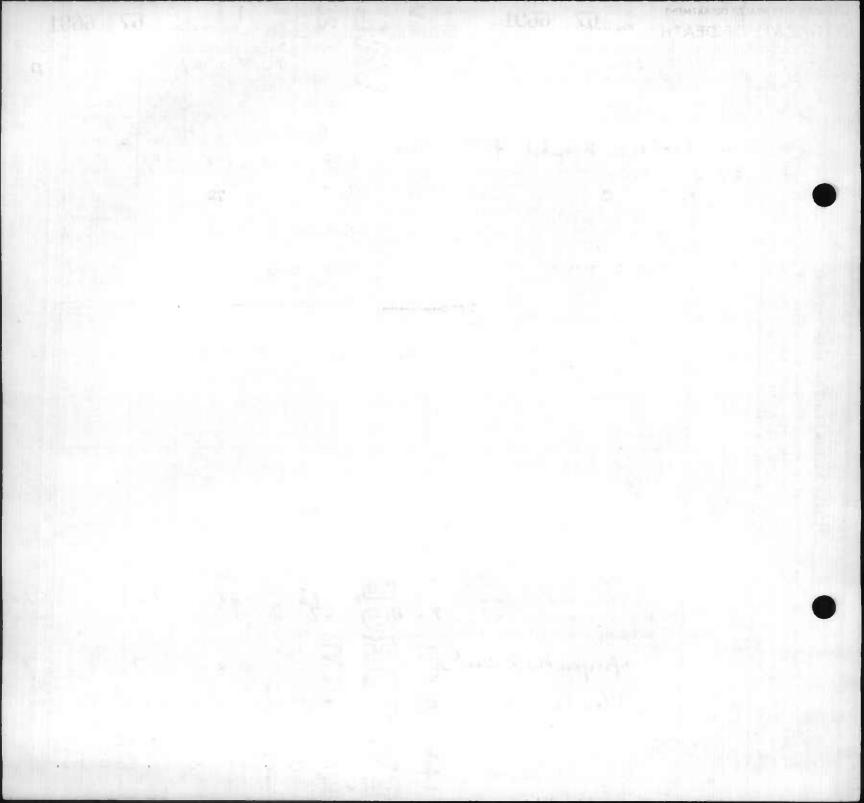
3. PLACE OF DEATH IN BALTIMORE MARYLAND death. ance B. COUNTY A. STATE ing cause cause cause; (5) [BOTTON HILL (INURS INGOI GENTER), give street HOSPITAL OR oddress or location) MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL, and give tawnship) attend prior D. STREET ADDRESS (If rurol, give lacation) contributing 805 Harlem AVE. (4) Undetermined regular is mad 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Days 5. SEX 6. RACE If Under 24 Hrs. deceased WIDOWED DIVORCED (specify) Hours lost bithday REMALE NERGO II-22- I893 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF SHAT COUNTRY? disposition done during most of working life, even if retired SEWING MACHINE OPERATOR -Clothing Factory BALTIMORE, MARYLAND 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME John Webb Mary Henry death LO 15. Was Deceased Ever in U. S. Armed Farces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO nce 2T7-09-LI47 RECORDS: BOLTON HILL NURSING No CENTER any 0 CAUSE OF DEATH 1B. INTERVAL BETWEEN 0 unce attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH prono fracture (This does not mean the made of dying, e.g., OL heart failure, asthenia, etc. It means the disease, examiner. injury or camplication which caused death.) regu ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stating the physician before the remains UNDERLYING CONDITION last. medical Mas burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, larm, factory, street, alfice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF where (If in Battimare City, give exact lacation) to the hospital MEDICAL DEATH (natify medical examiner) any nature; obtained 21 D. TIME (Month) (Doy) (Year) (Haur) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) At Work and 22. I certify that (I) (this hospital) attended the deceased from death); that (1) (we) lost sow the deceased alive on..... _____19__and that in (my) (aur) opinion death occurred on the date of 0 and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. hospit must accident 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending prior to approval Phys. Director Phys. 0 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) at Was (I) An 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY deceased 24D. LOCATION he body o REMOVAL (Specify) shows: Baltimore Burial Maryland Mt. Auburn Cemetery ADDRESS 25C. FUNERAL DIRECTOR E. Nutter-3035 W. North A v e Herbert VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



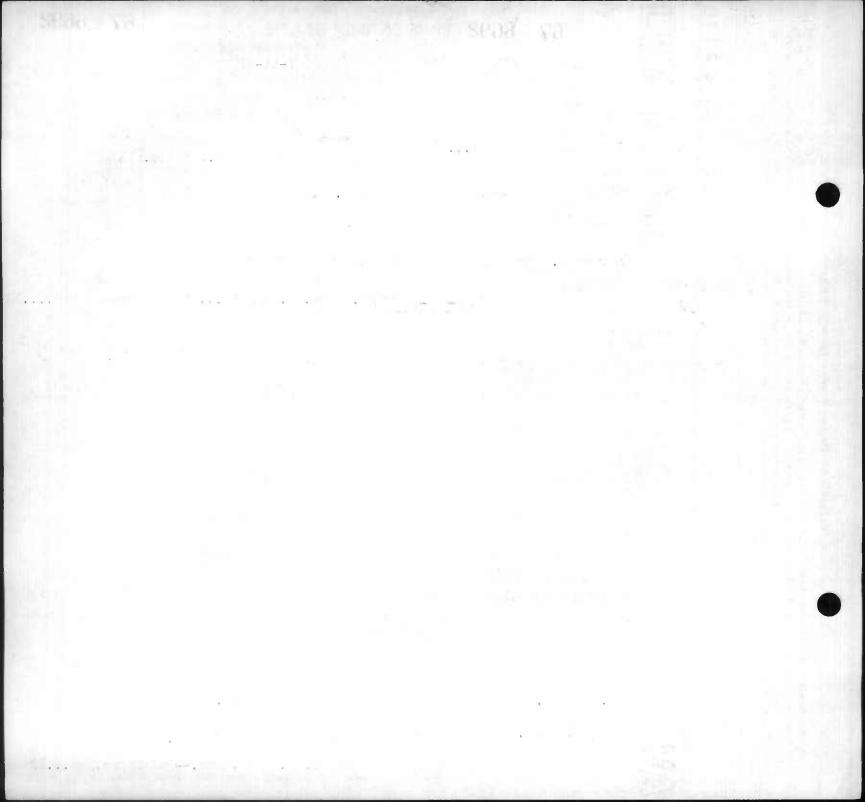
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FUNERAL DIRECTOR: IMPORTANT	er.	(except where the physician who pronounced death was in regular attendance on the ; and (6) Na physician was in regular attendance on the deceased prior to death. Such sobtained before the remains are embalmed or final disposition is made.	
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	This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a hospital and the bady was released to the haspital by a medical examiner. Also, if the direct ar contributing cause of death the chart. (1) An accident of any patterns. (2) Bady humas (3) A fracture of any Linds (4) Undetermined cause. (5) Decembed	was D.O.A. at a haspital (except where the physician wha pronaunced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior ta death. Such written approval must be obtained before the remains are embalmed or final dispositian is made.	

	67	6691	BALTIMORE CITY	HEALTH DEPARTMENT		CM 0004
BIRTH NO.	01	003T	CERTIFICA	TE OF DEATH	Registered Na	67 6691
M.E. CASE NO. 1. NAME OF DECEA (Type or Print)		CHAR	LES	2. DATE AN	8 - 67	19 45
. PLACE OF DEATH				4. USUAL RESIDENCE (When	e deceosed lived. If ins	titylion: residence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hos oddress or lo	pitol or institution, cotion)	give street	Maryland C. City Or TOWN (If out		URAL ond give township)
				Balti mo		yland
6 Luther	an Hosp	ital of	Mary land	litera to	urol, give location) entalou s	+,
5. SEX 6.	RACE	WIDQWE	, NEVER MARRIED D, DIVORCED (specify) ngle		ost birthdov	II Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
tOA. USUAL OCCUPA			F BUSINESS OR INDUSTRY	11. BtRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
None	king me, even in ren	7007	None	Baltimore Mar	yland	U.S.A.
13. FATHERS NAME			14 0116	14. MOTHER'S MAIDEN NAM	A E	0.5.10
	el Coope			Mary Green		
15. Was Deceased Ev (Yes, no or unknown) (II	yes, give wor or	dotes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			None	Florence Wood	ls-1119 N. E	Bentalou Street
18.	XI		CAUSE	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION		0 0	1 0	1 1-	· 1
		of dying, e.g.	(A) DUE C	ance of P	rostale	3 weeks
heart failure, os		eons the disease		,		
	TECEDENT CAL		(B)			
			DUE TO		0 0 0 0 0 0 1 0 0.00 0.00 0.00 0 0 0 0 0	
rise to the	abave couse	il ony, giving (A) sloting the			o ano 5-00 6.40 0 ann 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
UNDERLYING	CONDITION lost	•				
E TO THE DEA		AS CONTRIBUTION RELATED TO TI				
19A. DATE OF O	PERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTI	WAS UNDERLYING CAUSE OF	V 21	me, form, foctory, street, o	or obout 21 C. WHERE DID INJURY OCCUR?	(II in Boltimore	City, give exact locotion)
0 21D. TIME (A	Month) (Doy) (1	feor) (Hour) 211	E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21 D. TIME (APPROX.)			hile At Not Whil			
	•		ork At Work	1 19	17	7 0
22. I certify th	at (I) (this has	pital) attended	the deceased fram	(7	9 6 / ta	1-8-1967
that (1) (we) la	st saw the dec	eased alive an.	1 - 6 -	19.6 / and the	ıt in(my) (aur) apin	nian death accurred an the do
and have and f	ram the causes	stated abave.	(I) (We) (did) (did-nat) v	iew the bady after death.		
23A. SIGNATURE	7 0	11.0	0			23B. DATE SIGNED
(Anyen	thi da	M.D. Atte	ending Med. Director	Stoll Phys.	7-8-61
23C. PHYSICIAN'	5			23D. ADDRESS	11	1 0 1 0
	NGUY	EN TH	OANH M.D.	Luthera	n Hospita	al of Marylan
24A. BURIAL CREMA REMOVAL (Spe	cily)	,	AME of CEMETERY OF CR	MATORY 24D. LC	CATION (Cit	y, town, or county) (State)
Burial	7/12	2/67 Mor	unt Auburn Cen	netery Balt	imore Mar	yland
25A, DATE REC'D BY	HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C, FUNERAL DIRECTOR		ADDRESS
Jl	JL 12 196	Policeto	E stanbeuMA	Herbert E.	Nutter-3035	W. North Ave.
VS 150-REV. 1/1/65				6 7 0		



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rior to death); and (6) I proval must be obtained
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such witten approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE	CITY HEAL	TH DEPARTMENT		OP	0000
	TH NO. 67	6692 CERTIFIC	CATE	OF DEATH	Registered No.	67	9998
1.1	E CASE NO.	KA TE) GROGAN			and hour of death		5-00 AM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAN	,	4. US	UAL RESIDENCE (WI	here deceased lived. If in	stitution: residenc	e before odmission)
	FULL NAME OF (If not in hospital or inst	ritution, give street		ryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	HOSPITAL OR oddress or location) NSTITUTION	and the second			outside city limits, write	RURAL ond give	township)
				altimore		-	26-05
1	3807 Ravenwoo	d Ave13	3	807 Ravenwo	ood Ave., Bal	Lto. 13	
	W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify idowed)	/)	n. 1, 1885	9, AGE (In years lost birthday)	Months Doys	If Under 24 Hrs. Hours Min.
	USUAL OCCUPATION (Give kind of work 108, be during most of working life, even if retired) housewife	(IND OF BUSINESS OR INDU		THPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT CO	
13.	FATHER'S NAME			OTHERS MAIDEN N	AME		
	Patrick H. Ger	aghty		Kate Dough	ner ty		
5.	Wos Deceosed Ever in U. S. Armed Forces?	16. SOCIAL	17. INI	ORMANT		ADDR	RESS
16	s, no or unknown! (If yes, give wor or dotes of s	217-54-89	752 Fr.	Thos. P. (Grogan3807	Ravenwoo	od Avel
	1B.	CAUS	SE OF DEA	тн			AND DEATH
	DISEASE OR CONDITION DIRECTL	γ	A alas	etia con	001.00	10	Una. Hu
	(This daes not mean the made of dying	g, e.g., DUE TO	(Chros.	PACIFIC CA	reivous ft breast	- 4	months
	heart failure, asthenia, etc. It means the c injury ar camplication which caused death	fisease, 1.)	Bc . e'	0.	11. Recal	20	
	ANTECEDENT CAUSES	(B)	Cara	uoma eg	FF Jung-	24	moules
	DISEASES OR CONDITIONS, if any,		,			,	
	underlying condition last.	ng the (C)		\$ \$5000 to the seat that the set are the set above an	************		
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	IBUTING TO THE		old a	ge.		
ERTIFIC	19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	207	A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFTING CA	FINDINGS CONS	DERED ?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (chome, form, foctory, streetc.)	e.g., in or obo et, office bld	g., INJURY OCCUR?	(If in Baltimor	e City, give exoc	t locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Ho.)	21F. HOW DID II	NJURY OCCUR?		
Σ	(APPROX.)		While Work				
	22. I certify that (1) (this hospital) atte	ended the deceased from		1/13/	19 6 3 to	7/11/	1967.
	that (I) (we) lost saw the deceased ali	ve on 5 / 3	31/	19 6 7 ond	that in (my) (aur) opi	inion deoth occ	
	and hour and from the causes stated al	bove. (I) (We) (did) (did n	ot) view th	e body after death	le .		
	23A. SIGNATURE	1. 0				23B. DATE SIGN	NED
	Paul H. Ar	M.D.	Attending Phys.	Med. Director	Staff Phys.	7/11/	67
	23C.PHYSICIAN'S NAME (Type)		23 D. A.	DORESS			
	Dr. Paul H. A	nniko	M.D.	3800 Erdma	an Ave.		
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY O	CREMATO	24D.	LOCATION (C	ity, town, or coun	ty) (Stote)
	burial 7/14/67	New Cathedral		tery B	altimore, Md.		
25/	JUL 12 1967 P. 258.	NAME OF REGISTRAR	250	. FUNERAL DIRECT	Ruck, Inc	AC	, Md15
1/5	150-REV. 1/1/65						



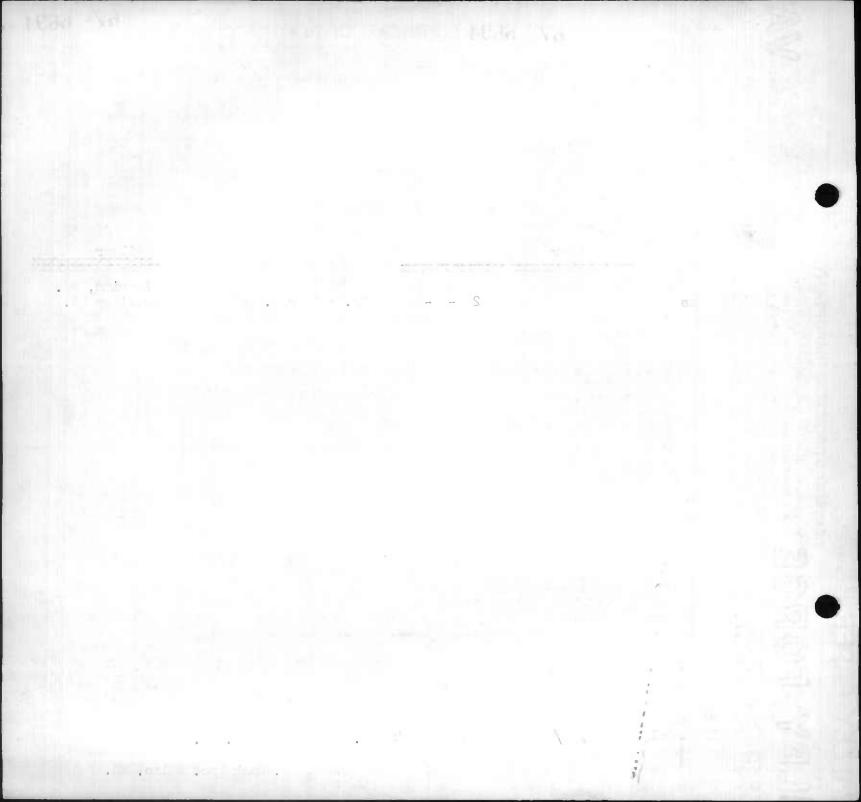
•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurr	the chief medical examiner	or his assistant if death occuri
the body was released to the hospital by a medical examiner. Also, if the direct or contribu	al by a medical examiner.	Also, if the direct or contribu
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	: (2) Body burns; (3) A fractur	e of any kind; (4) Undetermine
was D.O.A. at a hospital (except where the physician who pronounced death was in regula	ere the physician who pro-	nounced death was in regula
deceased prior to death); and (6) No physician was in regular attendance on the deceased	o physician was in regular	attendance on the deceased
written annound must be obtained heters she semaine are embalmed or find disnocition is may	laden on maine at one	med or final disposition is made

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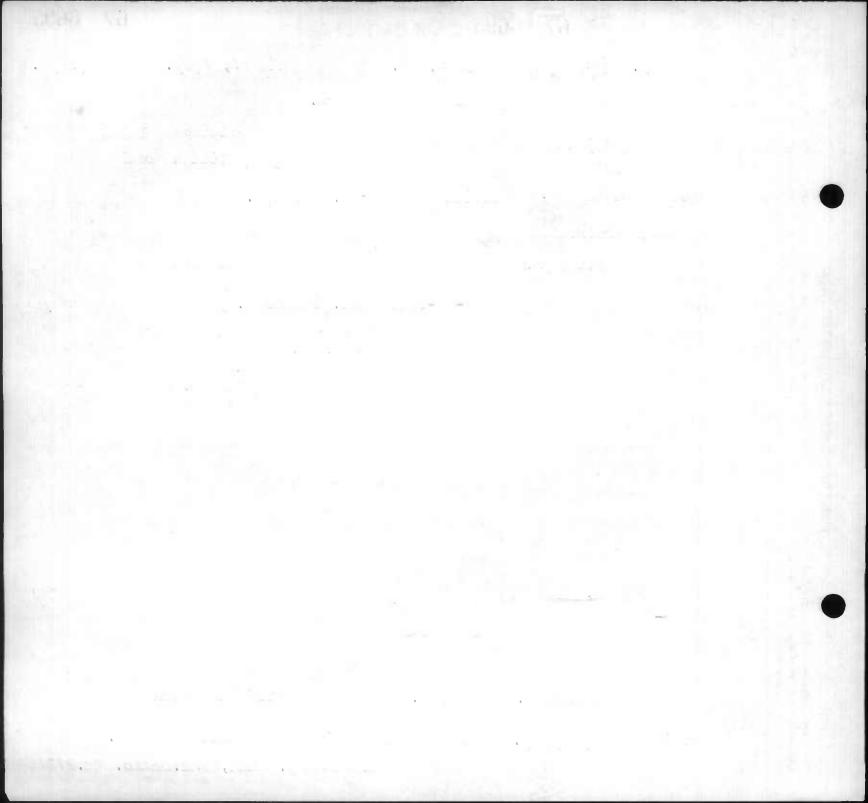
M.	RTH NO. .E. CASE NO.	6'	, 000	CERT	FICATE	F DEATH	Registere		01
1.1	NAME OF DECEASED		<i>C</i> -				D HOUR OF		1.
		Kathleen		ınks		Jul	y 11	1967	/0
3.	PLACE OF DEATH I	N BALTIMORE, M	ARYLAND		4. USU.	E B. COUN	re deceased liv	ed. If instit	ution: residence
	FULL NAME OF	(If nat in haspita	l ar institution, c	uve street	Ma	aryland			
	HOSPITAL OR	address at lacati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c. city		tside city limits	, write RUR	RAL and give to
		Kentucky	Azro		B	altimore			
	2104	Rentucky	AVE.		D. STRE	ET ADDRESS (If	rural, give laca	1	1
	00					210	4 Kenti	icky i	Avenue
5.	SEX 6. RA	CE		NEVER MARRIE		OF BIRTH	9. AGE (In year	ors I	II Under 1 Yr. Aanths: Days
T	Pamala Whi		1/1/20	dom	Uct	26.1905	6	51	
10/	A. USUAL OCCUPATION of during mast af working	ON Give kind of wa	rk 10B. KIND OF	BUSINESS OR I	NDUSTRY 11. BIRT	HPLACE (State at lare	ign cauntry)	1	12. CITIZEN OF
001	Housewi	to	'			Mary	land		1/5
13.	FATHER'S NAME	NE			14. MO1	HER'S MAIDEN NA			01.57
		Thomas	Done	1100			Cath	hina	O'Har
15	Was Deceased Ever			1 6, SOCIAL	17. INFO	PAA AN T	Caule	Jule	ADDR
(Ye	es, na ar unkna wn) (II y	es, give was ar da	tes of service)	212-38-1	d.		c 1		15
	No			212-50-1	250 Ma	rgaret A.	Sanks		()
	18. 331/	Z L		C	AUSE OF DEATH				INTERV
		CONDITION D			11 -	6.1	. 6	<	1 2
	(This does not me	DING TO DEATH		(A)	scule	cerons	ula M	colut	11-2
	heart failure, asthe			00	10				
		C 1 1				4			-
	1 1	lian which couse	d deoth.)	(B)	ante	luti Va	ach (Dim	5 yen
	ANTE	CEDENT CAUSE	d deoth.)	(B) _ DU	arten	Cubovos Cuta Va	seule (Isim	5 yen
	1 1	CEDENT CAUSE ONDITIONS, if	d deoth.)	(B)	artemos	lusti Va	sende (In	5 yen
	ANTE DISEASES OR C	CEDENT CAUSE ONDITIONS, if ove couse (A)	d deoth.)	(B) _ DU	artemos	lusti Va	sala ()····	5 ym
7	ANTE DISEASES OR C rise to the ab UNDERLYING CO	ONDITIONS, if ove couse (A) NDITION last.	d deoth.) S any, giving slating the		E 10)	5 yen
TION	ANTE DISEASES OR C rise to the ab UNDERLYING CO	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI	any, giving slating the CONTRIBUTING	3	E 10) rim	5 ym
CATION	OTHER SIGNIFICATION THE DEATH	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING	any, giving any, giving slating the CONTRIBUTING	9	Chu	mé Azit	their;		>57-
	OTHER SIGNIFICATION THE DEATH	CEDENT CAUSE ONDITIONS, if love couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 198. CO	any, giving slating the CONTRIBUTING	9	Chu		1) 208. IF YES,	WERE FIN	>5ym
CERTIFICATION	OTHER SIGNIFICATION THE DISEASE OR CONTINUED THE DEATH DISEASE OR CONTINUED TO THE D	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 19B. CO WAS PE	any, giving of salating the CONTRIBUTING LATED TO THE LT. NOTION FOR VERFORMED	S E VHICH OPERATION	Ch. 20A.	má Agit AUJOPSY? (Yos or No	208. IF YES	WERE FIN	>5g
CERTIFIC	ANTE DISEASES OR C rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A, DATE OF OPER 21A, ACCIDENT W OR CONTRIBUTING	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS BUT NOT REI DITION CAUSING RATION 19B. CO WAS PE AS UNDERLYING	any, giving of states of the s	PLACE OF INJU	Chu	AUTOPSY? (Yes or No	208. IF YES	WERE FIN	>5gm
CAL CERTIFIC.	DISEASES OR COTISE TO THE ABOUT TO THE DEATH DISEASE OR CONTISEASE OR CONTRIBUTING DEATH (natify medial	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 179B. CO WAS PE AS UNDERLYING CAUSE OF cal examiner)	any, giving salating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V REFORMED 218. ham etc.)	PLACE OF INJU	JRY (e.g., in ar about street, affice bldg.	AUTOPSY? (Yes or No	208. IF YES. IN CERTIFYII	WERE FIN	>5g
CAL CERTIFIC.	ANTE DISEASES OR C rise lo lhe ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A. DATE OF OPER 21A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi-	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS BUT NOT REI DITION CAUSING RATION 19B. CO WAS PE AS UNDERLYING	any, giving slating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E.	PLACE OF INJURY OCCU	DN 20A, JRY (e.g., in ar about street, affice bldg.	AUTOPSY? (Yes or No	208. IF YES. IN CERTIFYII	WERE FIN	>5g
CERTIFIC	DISEASES OR COTISE TO THE ABOUT TO THE DEATH DISEASE OR CONTISEASE OR CONTRIBUTING DEATH (natify medial	CEDENT CAUSE ONDITIONS, if ove couse (A) NDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 179B. CO WAS PE AS UNDERLYING CAUSE OF cal examiner)	any, giving slating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E.	PLACE OF INJU	JRY (e.g., in ar about street, affice bldg.	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR?	208. IF YES, IN CERTIFYII (II in	WERE FIN	>5g
CAL CERTIFIC	ANTE DISEASES OR C rise lo lhe ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A. DATE OF OPER 21A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi-	CEDENT CAUSE ONDITIONS, if ove couse (A) INDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 179B. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) nth) (Day) (Year	any, giving saling the CONTRIBUTING ATED TO THI IT. NOTION FOR V RFORMED 218. ham etc.) (Hour) 21E. Whi War	PLACE OF INJURY OCCU	JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR?	208. IF YES. IN CERTIFYII	WERE FIN	>5g
CAL CERTIFIC.	ANTE DISEASES OR C rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19 A. DATE OF OPER 21 A. ACCIDENT W OR CONTRIBUTING DEATH (natify media) 21 D. TIME OF INJURY (APPROX.)	CEDENT CAUSE ONDITIONS, if ove couse (A) INDITION last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 19B. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) nth) (Day) (Year	any, giving saling the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E. Whi war	PLACE OF INJURY OCCUMENT	JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark	AUTOPSY? (Yes or No.) 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ	208. IF YES, IN CERTIFYII (II in	WERE FIN NG CAUSE Ballimate C	DINGS CONSIES OF DEATH?
CAL CERTIFIC.	ANTE DISEASES OR C rise to the ob UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CON! 19A, DATE OF OPER 21A, ACCIDENT W OR CONTRIBUTING DEATH (natify media) 21D, TIME (Mar OF INJURY (APPROX.) 22. I certify that that (I) (we) lost	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITIONS BUT NOT REL DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (1) (this haspite saw the decease	any, giving saling the CONTRIBUTING LATED TO THIST. CONTRIBUTING	PLACE OF INJURY OCCUMENT OF ALL THE PLACE OF INJURY OCCUMENT OF ALL THE PLACE OF TH	DN 20A, JRY (e.g., in ar about street, affice bldg, RRED Nat White At Wark am	AUTOPSY? (Yes or No. 121C. WHERE DID INJURY OCCUR?	208. IF YES, IN CERTIFYII (II in	WERE FIN NG CAUSE Ballimate C	DINGS CONSIES OF DEATH?
CAL CERTIFIC.	ANTE DISEASES OR C rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A. DATE OF OPER OR CONTRIBUTING DEATH (natify medi 21A. TIME (Mar OF INJURY (APPROX.) 22. I certify that	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITIONS BUT NOT REL DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (1) (this haspite saw the decease	any, giving saling the CONTRIBUTING LATED TO THIST. CONTRIBUTING	PLACE OF INJURY OCCUMENT OF ALL THE PLACE OF INJURY OCCUMENT OF ALL THE PLACE OF TH	DN 20A, JRY (e.g., in ar about street, affice bldg, RRED Nat White At Wark am	AUTOPSY? (Yes or No. 121C. WHERE DID INJURY OCCUR?	208. IF YES, IN CERTIFYII (II in	WERE FIN NG CAUSE Baltimate C	DINGS CONSIES OF DEATH?
CAL CERTIFIC.	ANTE DISEASES OR C rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CON! 19A, DATE OF OPER 21A, ACCIDENT W OR CONTRIBUTING DEATH (natify media 21D, TIME (Mar OF INJURY (APPROX.) 22. I certify that that (I) (we) lost and haur and fran	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITIONS BUT NOT REL DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (1) (this haspite saw the decease	any, giving saling the CONTRIBUTING LATED TO THIST. CONTRIBUTING	PLACE OF INJURY OCCUPIES AT THE DESCRIPTION OF T	DN 20A, JRY (e.g., in ar about street, affice bldg, RRED Nat White At Wark am	AUTOPSY? (Yes ar No.) 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 22 and the bady after death.	URY OCCUR?	WERE FIN NG CAUSE Baltimate C	DINGS CONSIES OF DEATH?
CAL CERTIFIC.	ANTE DISEASES OR C rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A.DATE OF OPER 21A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi 21D. TIME OF INJURY (APPROX.) 22. I certify that that (I) (w) last and haur and fram 23A. SIGNATURE	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITIONS BUT NOT REL DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (1) (this haspite saw the decease	any, giving saling the CONTRIBUTING LATED TO THIST. CONTRIBUTING	PLACE OF INJURY OCCUPIES AT THE DESCRIPTION OF T	DN 20A. JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark A.D. Attending Phys.	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 6/2 and the bady after death. Med. Director	208. IF YES, IN CERTIFYII (II in	WERE FIN NG CAUSE Baltimate C	DINGS CONSIES OF DEATH?
CAL CERTIFIC.	ANTE DISEASES OR COTISE IO THE OBTAINED TO THE DEATH DISEASE OR CONTINUED TO THE DEATH DISEASE OR CONTINUED TO THE OBTAINED TO THE DEATH (natify median of INJURY (APPROX.) 21.D. TIME (Mar OF INJURY (APPROX.) 22. I certify that that (I) (we) last and haur and from 23.A. SIGNATURE	CEDENT CAUSE ONDITIONS, if ove couse (A) indition last. II NT CONDITIONS I BUT NOT REI DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (I) (this haspite saw the decease in the causes str	any, giving salating the CONTRIBUTING ATED TO THISTITE, NOTITION FOR VIRFORMED 218. ham etc.) (Haur) 21E. Whi War al) attended the sed alive an attended abave. (I	PLACE OF INJURY OCCUPIES AT THE DESCRIPTION OF T	JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark A.D. Attending Phys. 23D. ADD	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 21F. HOW DID INJ And the bady after death.	URY OCCUR?	WERE FIN NG CAUSE Baltimate C	DINGS CONSIES OF DEATH? ity, give exact an death according to the second seco
MEDICAL CERTIFIC	ANTE DISEASES OR C rise lo lhe ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A, DATE OF OPER 21A, ACCIDENT W OR CONTRIBUTING DEATH (natify medi OF INJURY (APPROX.) 22. I certify that that (I) (we) lost and haur and fram 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alber	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITIONS BUT NOT REI DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examines) (I) (this haspite saw the decease in the causes sti	any, giving sating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E. Whi war all) attended the sed alive an attended above. (1	PLACE OF INJURY OCCUMENT AND ADMINISTRATION OF THE PLACE OF INJURY OCCUMENT AND ADMINISTRATION OF THE PLACE O	DN 20A. JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark am A.D. Attending Phys. 23D. ADD M.D. 44	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 22 and the bady after death. Med. Director RESS 900 Belair	Ol 208. IF YES, IN CERTIFYII (II in URY OCCUR? 19	WERE FIN NG CAUSE Boltimate C	DINGS CONSIES OF DEATH? ifly, give exact an death accurate and accurate a
MEDICAL CERTIFIC	ANTE DISEASES OR CO rise to the ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A.DATE OF OPER 21A. ACCIDENT W OR CONTRIBUTING DEATH (natify medi 21D. TIME (Mar OF INJURY (APPROX.) 22. I certify that that (I) (w) last and haur and fran 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alber A. BURIAL CREMATIC	CEDENT CAUSE ONDITIONS, if ove couse (A) ove couse (A) in DITION last. II NT CONDITION S BUT NOT REI DITION CAUSING RATION 198. CO WAS PE AS UNDERLYING CAUSE OF cal examiner) (I) (this haspite saw the deceas on the causes str	any, giving sating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E. Whi war all) attended the sed alive an attended above. (1	PLACE OF INJURY OCCUPIED AT COMMENTER DESCRIPTION OF THE PROPERTY OF THE PROPE	JRY (e.g., in ar about street, affice bldg. RRED Nat White At Wark A.D. Attending Phys. 23 D. ADD A.D. LARY OF CREMATORY	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 22 and the bady after death. Med. Director	OR IF YES, IN CERTIFYII (II in URY OCCUR? To at In (my) (a) Staff Phys. Rd. Ba	WERE FIN NG CAUSE Boltimate C	DINGS CONSIES OF DEATH? ify, give exact an death accurate a country of the coun
MEDICAL CERTIFIC	ANTE DISEASES OR C rise lo lhe ab UNDERLYING CO OTHER SIGNIFICAT TO THE DEATH DISEASE OR CONI 19A, DATE OF OPER 21A, ACCIDENT W OR CONTRIBUTING DEATH (natify medi OF INJURY (APPROX.) 22. I certify that that (I) (we) lost and haur and fram 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. Alber	CEDENT CAUSE ONDITIONS, if over couse (A) over cous	any, giving sating the CONTRIBUTING ATED TO THI IT. NOTITION FOR V RFORMED 218. ham etc.) (Haur) 21E. Whi war all) attended the sed alive an attended above. (1	PLACE OF INJURY OCCUMENT AND AND ADDRESS OF THE PLACE OF INJURY OCCUMENT AND ADDRESS OF THE PLACE OF T	DN 20A. JRY(e.g., in ar about street, affice bldg. RRED Nat White At Wark A.D. Attending Phys. A.D. Attending Phys. RY or CREMATORY THE TO STAND THE TO STA	AUTOPSY? (Yes or No. 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJ 22 and the bady after death. Med. Director	OCATION Baltin	WERE FIN NG CAUSE Boltimate C	DINGS CONSIES OF DEATH? ify, give exact an death accurate a country of the coun

eniones _ emploin ant Contract and 1: 1. artimedate Vicinia Dim Tym 2/16/ 6/2-/ 6-2/0/ 02 2/11/c AT LE MENTE SERVICE OF THE PARTY OF THE PART

BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 67 6694 CERTIFIC	ATE OF DEATH Registered No. 67 6694
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) MACDONNELL RUBY L.	7/11/67 2- Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. CDUNTY
FULL NAME OF (If not in hospital or institution, give street HDSPITAL DR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
THERCY HOSPITAL	D. STREET ADDRESS (If rural, give location)
	1508 PENTRISEE RD
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 78 If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	MD, USA
13. FATHER'S NAME Bader	14. MOTHERS MAIDEN NAME Milner
JOHN HOOKOCHOOCONOCHORORIO	ELIZABETH W. (***********************************
15. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown U yes, give wor or dates of service SECURITY NO.	17. INFORMANT The mon ADDRESS MA
(Yes, no or unknown) (If yes, give wor or dotes of service)	A Mr. Wilmer E. Bader 2303 Eastridge Rd.
18. Lafe CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	MRDIAC MSYSTOLE
(This does not mean the mode of dying, e.g., DUE TO healt failure, asthenia, etc. It means the disease,	
injury ar complication which coused death,)	HYOCARDIAL INFARCT. 48'
DUE 1D	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C)	ASCUS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES, OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR? (If in Baltimore City, give exact locotion)
21D, TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not Work At W.	
22. I certify that (N(this hospital) attended the deceased from	Thele 9 19 67 10 July 11 19 67.
that (1) (we) last saw the deceased alive an fully 16	2 19 6 and that in(my) (aur apinion death accurred an the date
and haur and from the causes stated above (1) (We) (did) (did not	238. DATE SIGNED
The land Book and M.D.	Attending Med. Stoff A Chan 11 1967
23C. PHYSI CIAN'S	Phys. Director Phys. 2
NAME (Type)	102. March 1 10 Karl A
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7/14/67 Lorraine Park	
25A. DATE REC'D, BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 12 1967 Of Rev & Starley MA	Legnard J. Ruck Inc. Balto. Md.
VS 150-REV. 1/1/65	

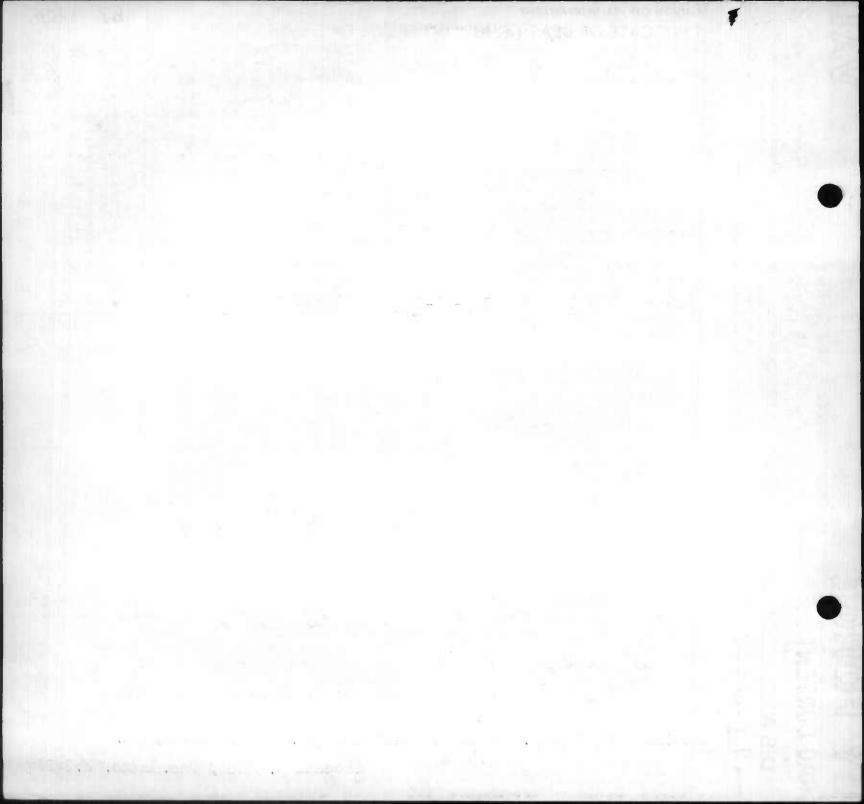


		BALTIMORE CITY	HEALTH DEPARTMENT		CH CODE
BIRTH NO.	67	6695 CERTIFICA	TE OF DEATH	Registered No	67 6695
M.E. CASE NO. I. NAME OF DECE Type or Printl	S. Guy	Gray, Sr.	2. DATE AN	11, 1967.	9:45A.
FULL NAME OF HOSPITAL OR	(If not in hospitol or insti- address or location)		Md. B. COUN	TY .	stitution: residence before admission URAL and give township)
OO	5009 Hillen	Road		Baltimore urol, give location)	21212 2/-6
s. sex Male	6. RACE 7. MA White	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) Married	B. DATE OF BIRTH	P. AGE (In yours ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
Retire	d Banker	ND OF BUSINESS OR INDUSTRY	11. MRTHPLACE (Stote or lorein	nd	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	Harry Gray		14. MOTHER'S MAIDEN NAM	Loula P	
No	Ever in U. S. Armed Forces? (II yes, give wor or dotes of se	216-03-8080	Mrs. Thelma	M. Gray	(Same)
	E OR CONDITION DIRECTLY LEADING TO DEATH Il meon lhe mode of dying,	(A) £	Pulmonale y Decompensati	with Chr	INTERVAL BETWEEN ONSET AND DEATH GYFS.
heart failure, a injury at camp	asthenia, etc. II means the di alicolian which coused death. NTECEDENT CAUSES	Sease, DUE TO	MONORY EM	physeud	12425
rise to the	R CONDITIONS, if any, abave cause (A) stating CONDITION lost.				
TO THE DE	CONDITION CAUSING IT.	TO THE DIADO	exes Mell	1445	7415.
19A. DATE OF	WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTE	T WAS UNDERLYING TING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID lfice bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yearl (Hous	While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	
	that (I) (this hospital) offer lost sow the deceased aliv	Autro 16	1-7	9 To VU	19 6 7
23A. SIGNATUR	L Alkam	7 7	ending Med.	Stoff Phys.	23B. DATE SIGNED
NAME (Ty	William H.	Kammer, Jr. M.D.		11 York Ro	
Burial	7/15/67	. Lorraine Park	(emetery	Baltimor	
JUL	12 1867 P. P. C.	AME OF REGISTRAR	Leonard J. K	uck, Inc.	Balto. Md. 21214
S 150-REV, 1/1/6	5				



VS 150-REV. 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		67	6696
MRTH NO. M.E. CASE NO.	6696 CERTIFICA	TE OF DEATH	Registered Na	07	0000
1. NAME OF DECEASED (Type of Print) CHARLES R	. TRIMble		HOUR OF DEATH	20	CE D M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAN FULL NAME OF (If not in hospital or inst		4. USUAL RESIDENCE (Where A. STATE 8. COUNT	Υ	Mary	. /
HOSPITAL OR oddress or locotion INSTITUTION NORTH Charc	4	C. CITY OR TOWN (If outs BALTING R	ide city limits, write RURA	AL and give town	6-01
49		1530 Ceda	oral, give location)	Balti	in
M W W	NAPRICO	7-22-26	ost birthdoy) Mo	onths Doys Ho	Under 24 Hrs. urs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. Kind one during most of working life, even if refired)	Trugs. Company	11. BIRTHPLACE (State or foreig	n country) [12	C. CITIZEN OF WHAT COUNT	-
13. FATHERS NAME Charles TRINK	de Pa	14. MOTHERS MAIDEN NAM Florence	e amik	Zu.	d.
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of s	16. SOCIAL SECURITY NO. 248-32-2045	17. INFORMANT MARGARET	TRIMble	San	ne.
DISEASE OR CONDITION DIRECTL	CAUSE OF	BRAIN TUR	10 P.	INTERVAL ONSET AN	
(This daes not mean the mode of dying heart failure, asthenia, etc. It means the d injury ar complication which coused deoth	, e.g., DUE TO	-			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) statis UNDERLYING CONDITION lost.		appents.			**************************************
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
		20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDER	RED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, larm, loctory, street, all etc.)	fice bidg., INJURY OCCUR?	(II in Boltimore Cit	y, give exact loc	otion)
21D. TIME (Month) (Doy) (Year) (Hot OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?		THE
22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased ali	19	7- / U/Y 19	t in(my) (aur) apiniar		19 J
and haur and from the causes stated at 23A. SIGNATURE	-0		Stoll Phys. 🗵	8. DATE SIGNED	7
23C. PHYSICIAN'S NAME (Type) JURY H		23D. ADDRESS	Phys. &	ar.	1
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) Burial 7/14/67.	Baltimore Nati	1 6	Baltimore,	own, or county) Mde	(State)
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ruck Inc B	alto Md	.21214



This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hospital and the bady was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased priar to death); and (6) Na physician was in regular attendance on the deceased priar to death. Such expraval must be abtained before the remains are embalmed or final disposition is made.

	CH	000	BALTIMORE CIT	Y HEALTH DEPARTMENT		0000
BIRTH NO.	0%	669	CERTIFICA	ATE OF DEATH	Registered No.	67, 6697
M.E. CASE NO. 1. NAME OF DEC (Type or Print)	PIRELLI ANT	HONY	m.	2. DATE AN	10 HOUR OF DEATH	6-20 PM.
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, Il insti	tution: residence before admission
FULL NAME OF	OF (If not in hospital oddress or location		give street	The state of the s	Tribe city timits, write RU	RAL and give township)
INSTITUTION	HOME HOS	PITAL		BALTIMORE		3-02
35	HOINE CO			D. STREET ADDRESS (IF 911 Eastern	Ave ,	
5. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost, birthdoy) 50 yrs.	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	BREW		BALTO . Md.	ign country)	12. CITIZEN OF WHAT COUNTRY?
CHARLES	CIRELLI			GENEVIEVE MA		
5. Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES	MARINES		214-01-7483	MRS. ANNA M CI	RELLI 9II EAS	STERN AVE
1B.	I X					INTERVAL BETWEEN
DISEA	SE OR CONDITION DIR	ECTLY	0	DE DEATH pixalory facture (Rue to CVA.	ONSET AND DEATH
(This days	LEADING TO DEATH	duian an	(A) Mas	prema C		
heort foilure,	nat meen the mode of osthenia, etc. II means	the diseose,	DOFIO			
	nplication which caused	death.)	(0)			
	ANTECEDENT CAUSES		DUE TO	obida lahinafa 600 a oo 50 oo oo a a a a bu boaqaa 60 6 a a noonanana		
	OR CONDITIONS, if a above cause (A)		(0)			
	G CONDITION lost.	storing the	(0)		a a a a a a a a a a a a a a a a a a a	**************************************
	- 11			1 0.00	· -	
E TO THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH	G Hype	rtension		
19A. DATE OF	WAS PERF	ORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner	21 B. horr etc.	ne, form, foctory, street,	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare C	City, give exact tocotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)		ile At Not Wh		URY OCCUR?	
22 Leastifu	that (1) (this bosnital				10/7 10 191	4 /0 10/2
that (II) (we)	that (I) (this hospital	d alive an	july 10	196.7ond th	ot In (my) (our) apinio	on death accurred on the da
and hour on		ed abave. (I	l) (We) (did) (dld not)	view the bady after death.		OR DATE SIGNED
23A. SIGNATO	.0000.	- On	M.D. At	tending Med.	Stoff -	3B. DATE SIGNED
23C. PHYSICIA	poauce	2 411	Men Ph	ys. Director 23D. ADDRESS	Phys.	7-10-67
NAME (YPPD I L=	11	Sian un	0 11	4	
24A BURIAL COS	rodello	W.	FIM M.D.	0111	200471011	4-
24A. BURIAL CRE REMOVAL (Specily)	24C. N	AME of CEMETERY of CI	EMAIORT 24D. L	OCATION (City,	town, or county) (Stote)
BURIAL	7/14/67			ERMAN HILL RD. D		15.
ZSA. DATE REC'D	BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR	0	ADDRESS
	JUL 12 1967	Usleel	C. Vacobanian	CHS24 A Well	Calloce 328	S HIGH ST

VS 150-REV, 1/1/65

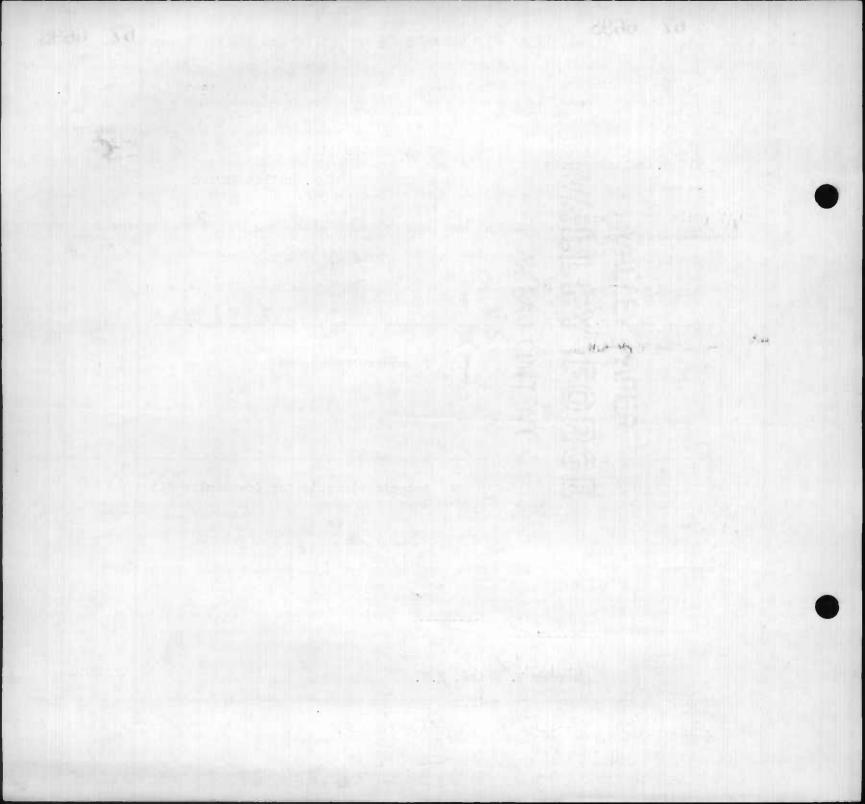
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BALTIMORE CITY HEALTH DEPARTMENT

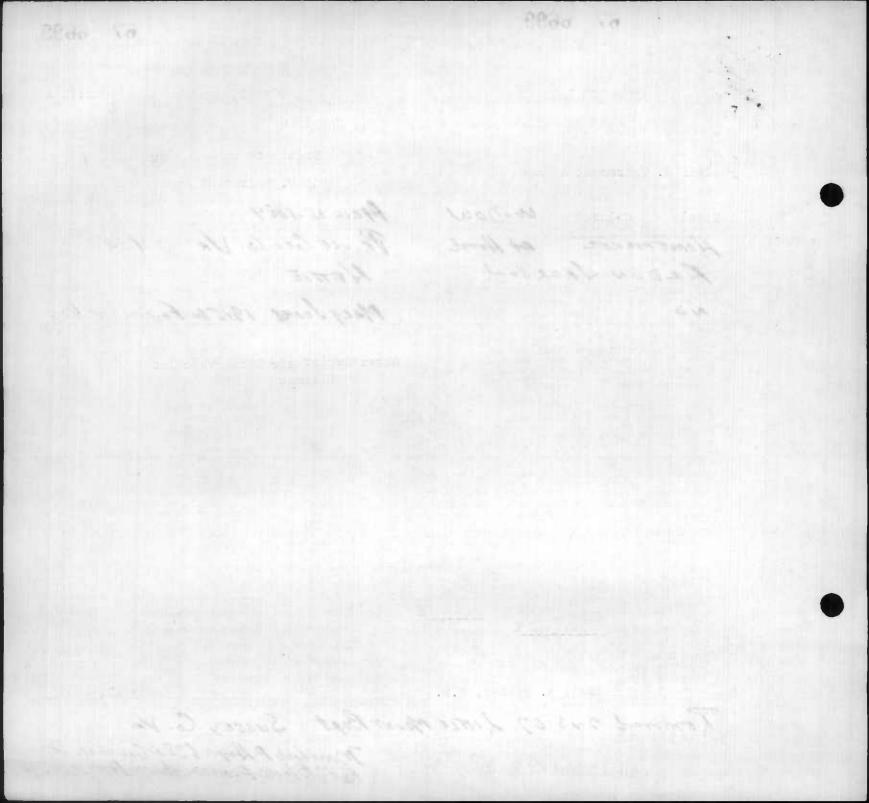
67 6600

BIRTH NO. MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. 1. 0000
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
JOHN BROWN	July 10, 1967 2:45 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Baltimore / - 04
915 N. Dallas Street	D. STREET ADDRESS (If rural, give location)
0.0	915 N. Dallas Street
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours Min.
Male Negro Augli	June 17 B187 60
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	TY 11 METHPLACE (Sible or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working tips, of on its safeed)	Oncemelle of Coursing 11 SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Brown	Lilly Prul.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. THEORMANT ADDRESS
Yes, no or Conknown) (If yes, give wor or dotes of service) SECURITY NO.	11 1/1 1 3000 1 -01
liB. CAUS	E OF DEATH INTERVAL BETWEEN
i	E OF DEATH ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH P111mox	namy Emphysioms
(This does not mean the mode of dving e.g.,	nary Emphysema
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	iosclerotic Cardiovascular Disease
DISEASE OR CONDITION CAUSING IT.	•
19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
UNDERLYING OR CONTRIB-	
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE WORK
22.	
I certify that I held on Inquiry Inspection X At	utapsy ond that on this basis, dooth in my opinion
resulted from: Natural causes X Accident Suici	de Hamicide Undetermined manner
1. 16	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE ALLENDA M. I.	ACCICTANT MEDICAL EVALUATED IT
EXAMINER'S / (Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 7/11/67
NAME (Type)	
REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
Buil 7-1567 mt Males	wat Palle has
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
JUL 12 1967 Robert E. Farley	1 90 mil 1 m 11 11
205 = 11 1221 (19 Clan) at agreed	Supplied Room on Dunty 1



67. 6699 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 6699

	140.	MILDI	CAL LI	CAMILI ALK O	LICHICA	CIL OI	DEATH		
_	CASE NO.								
1. N	AME OF DEC	CEASED				2. DATE AN	D HOUR PRONOUNG	CED DEAD	
		CODA LICODI EV				T., 1 **	12, 1967		11:15 am.
3. P	ACE IN BALT	CORA WOODLEY	HERE PRONOL	JNCED DEAD	4. USUAL RES	DENCE (Where	deceased lived. If ins	stitution: resi	idence before odmission)
					A. STATE		B. CO	UNTY	
FUL	LNAME OF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	C CITY OF TO	yland	le corporote limits, wri	to PIIPAL c	and give township) a
	PITAL OR	ADDRESS OR LOCA	IION)		C. CIII OR I	VIII (II 001316	de corporore minis, wil) A	and give township?
15						Baltimo:	-0	1	-01
U	0.5					DRESS flf rurol			
1	915 W.	Fairmount Ave	nue		1.0	15			
5. SI	v	6. RACE	7 44 4 88155	NIEWER AAARRIED	B. DATE OF BII		airmount Av		- 1 V 10 II 1 00 II
٥, ٥	. ^	O. RACE	WIDO WED.	NEVER MARRIED DIVORCED(specify)	B. DATE OF BIT	(In	9. AGE (In years lost birthdoy)	Months	r 1 Yr. If Under 24 Hrs. Doys I Hours Min.
F	male	Colored	W,7	nul	AFRIC 1	5-188	83	370	
		UPATION (Give kind of work	108, KIND OI	BUSINESS OR INDUSTR	Y 11 BIRTHPLAC	E (State or forei		12. CITIZ	EN OF
	during most of t	working life, even if retired)			2	- /	1. 1/.		AT COUNTRY?
1		かみんさん	At A	Such	YKINGE	650,0	O. VA	9.	74
13. F	ATHER'S NAM			1	14. MOTHER'S	MAIDEN NAM	E		
	ARD	ON ING.	K50 N		1/27	112			
15 V	AS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SO CIAL	17. INFORMAN			ADDRES	c
		(If yes, give wor or dote		SECURITY NO.	17. INFORMAIN	1		ADDRES	4
	NO				MARY	ONES	1915W.1	AIRM	SUNT ATE
	B. //			CALLE			11.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	INTERVAL BETWEEN
	4-2	2.11		CAUS	E OF DEATH				ONSET AND DEATH
	DISEA	SE OR CONDITION DI	RECTLY						
		LEADING TO DEATH		(A) A	rterioscl	erotie	Cardiovascu	lar	
	(This does a	not mean the mode of	dying, e.g.,	DUE TO		sease	× m.m.m.m.x. x m.m.m.	es 340 fes	******************************
	injury or co	, osthenio, etc. It meons mplication which coused	deoth.)		וע	sease			
		ANTECEDENT CAUSES		(B)					
		OR CONDITIONS, IF A		DUE TO					• • • • • • • • • • • • • • • • • • • •
		NG CONDITION LAST.	AIING THE						
Z				(C)					••••••••
의		- 1					-		
4	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTII	NG					
0	TO THE	DEATH BUT NOT REL	ATED TO T						
CERTIFICATION		R CONDITION CAUSING		***************************************					
E	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION	20A. AUTOP	SY? (Yes or No)	208. IF YES, WERE F		
0	0	WAS FERI	OKMED			NO	IN CERTIFYING CAL	1252 OF DI	EATH?
		L CAUSE WAS	21B.	PLACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID	(If in Bultimore City,	aive exact I	ocotion)
ō		OR CONTRIB-	home etc.)	, form, foctory, street,	office bldg., INJU	RY OCCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	DINO CAU	SE OF DEATH.	610.7						
	21 D TIME	(Month) (Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21 F.	HOW DID INJ	URY OCCUR?		
	OF INJURY (APPROX.)			VHILE AT - NOT	WHILE				
			m. V	VHILE AT NOT	V ORK				
	22.	tify that I held an I	anieu 🗔	Inspection X Au	atapsy 🗌 a	ad that an th	te busin double	mu oplala	_
			137	mspection 25 Ac	nabsy a	na mar an m	is basis, death In	my opinio	in
	resul	ted fram: Natural cau	ses X	ccident Suici	de Homi	cide	Undetermined mann	ner	
		1		1	CHIEF	MEDICAL EX	KAMINER X		
	ACTUA	L 1(/)	100	La-					DATE SIGNED
	SIGNAT	URE //	0 0	М. Г	ASSISTANT	MEDICAL E.	XAMINER		
	EXAMIN	IER'S			ASSOCIATE	MEDICAL E	XAMINER		
	NAME (Type) Russell S	. Fishe	r, M.D.				July	12, 1967
	BURIAL CRE	MATION, 23B. DATE		C. NAME OF CEMETERY	OI CREMATORY	23 D. I	OCATION (Cit	y, town, or	
REN	WAL (Specif	y) 1 0 2	10	1	1	1 6	0	11	
1	Emz	Lut 2-12.	6/0	ITLE MOU	NT /JUES	. 20	rssey (o	·VA	•
24A	DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNI	RAL DIRECTO	12 12	-	ADDRESS CI
				A 7 0	ma	ahell. 7	O. Hages 63	8N61	ADDRESS ST
		MU-1 9 1067	10 A.	TE NOWWELLEN	1100	2 8 3	~	16-11	Proces course le
Vs	151-REV. 1/1/	CANT TO IOUT	in to de any		134	WAN	- WARRY	A.F.M.	TOTOCKUN KEL



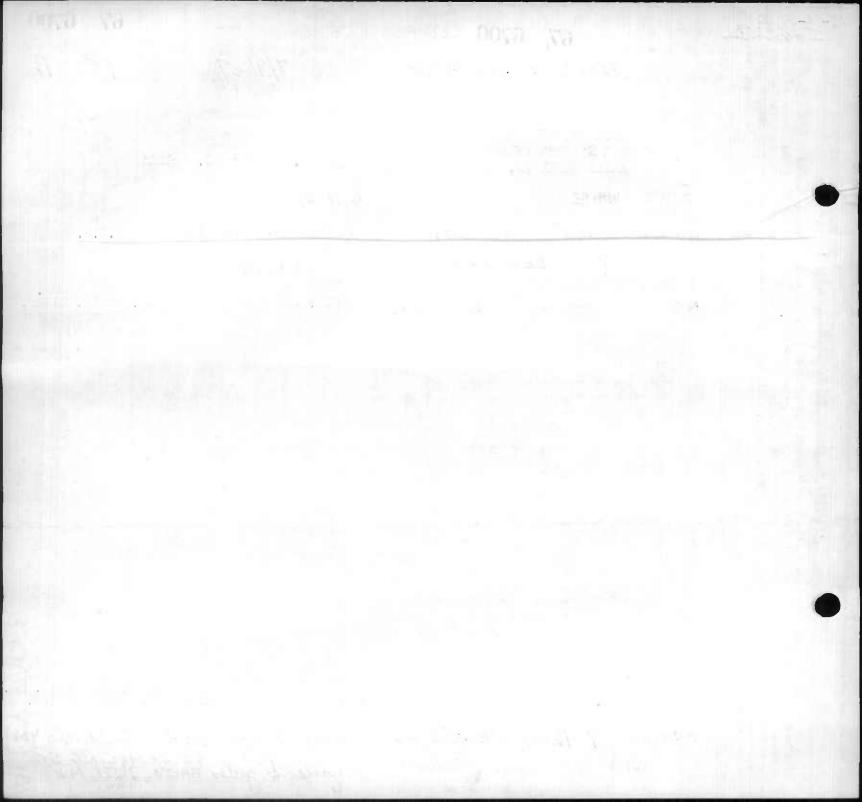
BIRTH NO.

Ö

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered Na. CERTIFICATE OF DEATH (If autside city limits, write RURAL and give Jawnship) (f Under 1 Yr. Manths; Oays If Under 24 Hrs. Haurs 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS MD RECORDS: BCH 4940 EASTERN AVE. BALTO, 21224. INTERVAL BETWEEN ONSET AND DEATH recension 208. AF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinian death accurred an the date 23 B. DATE SIGNED EASTERN AVE. 7401GERMAN HILL RD. BALTO, CO., MD. 9015, CONKLYNE ST, eller BALTO, 21224, MD



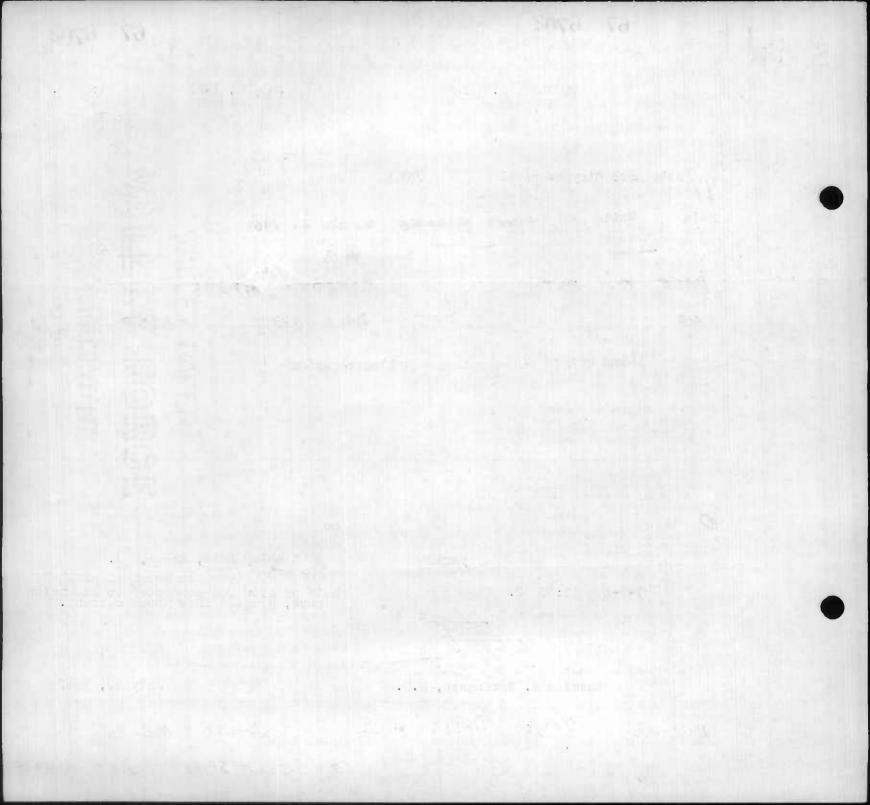
	CM Cr	BALTIMORE CITY	HEALTH DEPARTMENT	V	Cm Cmod
BIRT	H NO. 67. 67.	O1 CERTIFICA	TE OF DEATH	Registered Na.	pr plot
	. CASE NO.	021(11110)		/	
	e er Print) Mr. R N C-+	E. PIIRV	July	9th. 19	367 1.05 AM
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	c, harst	4. USUAL RESIDENCE (Where		institution: residence befere admission)
F	ULL NAME OF (If not in haspital or institution address or lacetion)	ian, give street	C. CITY OR TOWN (If auts	CASTO /	RURAL end give tewnship)
	NSTITUTION Means in the second of the second	Marrital	RUTAL-	Sykesvill	
4	me Union Memorial	Harpin	D. STREET ADDRESS (IF r	urel give lacation)	Pine Knob Rd.
5. 'S	Mec. P. (1) (C) WIDO	HED, NEVER MARRIED	B. DATE OF BIRTH Dec. 3-1. 1899	AGE (In yeers ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Heurs Min.
103	USUAL OCCUPATION (Give kind of work 10B. KIND	Marriel O OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	during mest of working life, even if retired)	Rming	m.l.	,,,	U. S. A
13. (FATHERS NAME	Kill 179	14. MOTHER'S MAIDEN NAM		
	John Ruby		Sarah	Martin	7
15, \ Yes	Nas Deceased Ever in U. S. Armed/Ferces? ,ne ar unknawn)(IIf yes, give wer er dates ef servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	217-36-4137	MRS. Jennie	e Ruby -	Sykesville, Md.
	DISEASE OF CONDITION DIRECTLY	CAUSE O	F DEATH		ONSET AND DEATH
	LEADING TO DEATH	(A)	Old age		
	(This does net mean the mode of dying, heart failure, asthenio, etc. It means the dise				In on
	injury or complication which caused deoth.)	(8)	acute usin	call no Ti	ensi a few you
	ANTECEDENT CAUSES	DUE 10		7	
	rise to the above couse (A) stating				
	UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes at Na)	208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, fectory, street, of	n at about 21 C. WHERE DID	(If in Ba)timo	are City, give exact lacetian)
CAL	DEATH (natify medical exeminer)	etc.)	ince stag., INJOKI OCCOK:		
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID INJ	JRY OCCUR?	
Σ	(APPROX)	While At Nat White At Wark	e 🗌		
	22. I certify that (I) (this hospital) attend	ed the deceased fram	uly 8th, 1	967 to 1	uly 9 19 [5]
	that (1) (we) last sow the deceased alive				
	and haur and fram the causes stated abov	e. (I) (We) (did) (did not) v	lew the bady after death.		
	23A. SIGNATURE	210			23B, DATE SIGNED
	23C. PHYSICIAN'S yourfdee	ChO M.D. Atte		Staff Phys.	July 9 th 6
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	PIUS YOUNGHEE C	HO M.D.	THE UNION	MEMORIAL	HOSPITAL
24A	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE		CATION	City, tawn, er caunty) (State)
B	1 10 10	Wesley Freed	om Cemetery S	ykesvil	le Md.
		ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Uniar	ADDRESS 1/1
	9000	NEW E, Jankey MA.	CYULUY W /	raight x	sycioine, mol.
VS	150-REV. 1/1/65				/



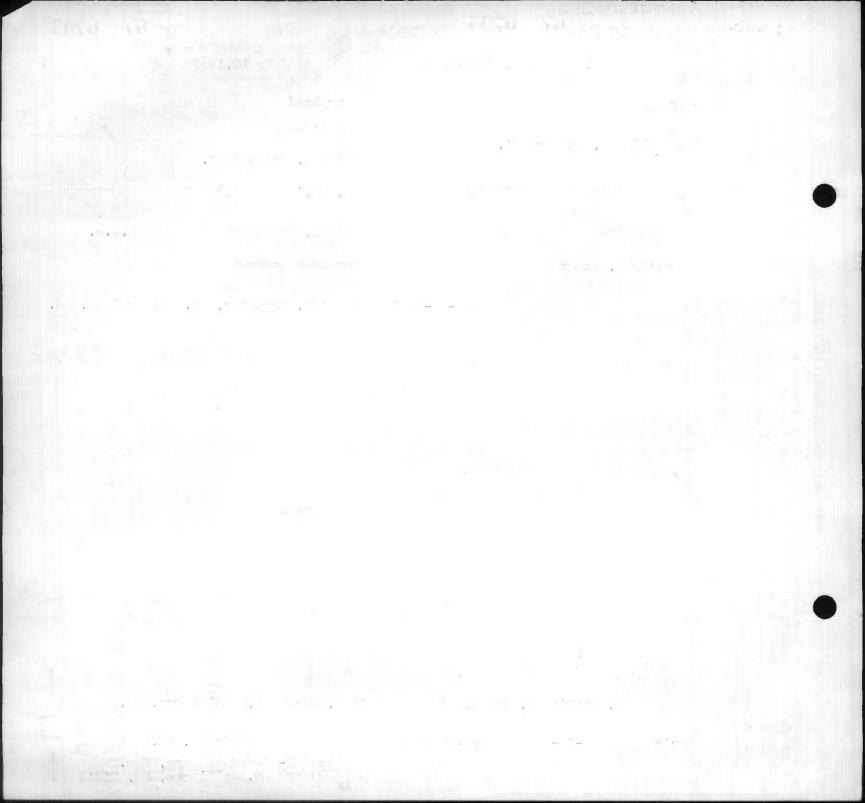
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	67. 670	BALTIMORE CITY HEAL			X	67	Spo 2
BIRTH NO. 63	-22678 MED	ICAL EXAMINER'S CI	ERTIFICAT	E OF [DEATH Registe	red No.	0702
M.E. CASE NO.							
1. NAME OF DE	CEASED		1		D HOUR PRONOUNC	ED DEAD	
	DOUG		W		9, 1967		1:00 P. M.
3. PLACE IN BAL	TIMORE, MARYLAND, V	VHERE PRONOUNCED DEAD	A. STATE		deceased lived, II inst B. COL	INTY	
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITAD DRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)		ryland	corporate limits, write		give township)
11/				sex			3-00
ay Balt	imore City Ho	ospital (DOA)	D. STREET ADDRE		ley Road		
5. ŚEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1 Months D	Yr. If Under 24 Hrs.
Male	White	NEVER MARRIED	AU B. 2	4, 196	3 3		
one during most of	UPATION (Give kind of wo working lile, even il retired)	THE RIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tote or foreig	n country)	12. CITIZEN WHAT	OF COUNTRY?
4.			MP.			US	A
3. FATHER'S NAM	M.E.		14. MOTHER'S MA	DEN NAMI			
	A. AL		ROBERT	TA	MYERS		
. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT			ADDRESS	
AAA	103, 8146 WOLDL 001	350000	DALE	015		SAME	
11B.	1016	CALLSE	OF DEATH	ALI	_		TERVAL BETWEEN
ET	/ F. (1)	CA03E	OF BEATH				NSET AND DEATH
DISEA	SE OR CONDITION D		1				
(This does	not mean the mode o	f dying, e.g., DUE TO	lectrocution	on			
heort loilure	e, osthenio, etc. It meon implication which coused	s the discose,					
						1/2	
	ANTECEDENT CAUS	(B)					
RISE TO TH	OR CONDITIONS, IF	STATING THE					
	NG CONDITION LAST.	(6)					
5		10/					
OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBUTING		10			
	DEATH BUT NOT RE						
19A. DATE O		NDITION FOR WHICH OPERATION	20A, AUTOPSY?	(Yes or No)	20B, IF YES, WERE FI	NDINGS CON	SIDERED
50	WAS PE	RFORMED			IN CERTIFYING CAU		
21A. EXTERNA	L CAUSE WAS	21B, PLACE OF INJURY (e.g.,	in or obout 21C. Wh	HERE DID	III in Baltimore City, gi	ve exact loco	tion)
UNDERLYING	SOR CONTRIB-	home, lorm, foctory, street, o	olfice bldg., INJURY	OCCUR?			/
		yard			ey Road, Es	sex, Md	. 33-60
OF INJURY	(Month) (Doy) (Ye			M DID INT	IRY OCCUR? In 1	parefee	t grabbed
(APPROX.)	7-9-67 12:4	45 P.m. WHILE AT NOT WORK	WHILE hold	of ir	on rod conn	ected t	o extension
22.	att. Alex Alberta		CO	rd, pl	ugged into	nouse c	urrent.
	rtify that I held an				s basis, death In r		
resu	Ited fram: Natural co	Accident X Suicide	e Hamicid	e	Indetermined mann	er	
	. 00	(, (), 0			AMINER		DATE SIGNED
SIGNAT		J. Sejak M.D.	ASSISTANT ME	DICAL EX	AMINER X		DATE STORES
EXAMII NAME (NER'S Charles	s S. Springate, M.D.	ASSOCIATE ME			July 1	0, 1967
A. BURIAL CRE	EMATION, 238 DATE	23C. NAME of CEMETERY of	T CREMATORY	23D. L	OCATION (City	town, or cou	inty) (Stote)
RURIA	///	2/67 HOLLY H	111		PALTO .	MO.	
4A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL		,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AD	DRESS
	4 0 4007	Religio E. Farleyna			3 - 0	-	
		Thomas -	CON	NELL	T JONS	30	00 MAC
/S 151-REV. 1/T	/65	X 7 0 / U 1 1	0 6 7	1			1.

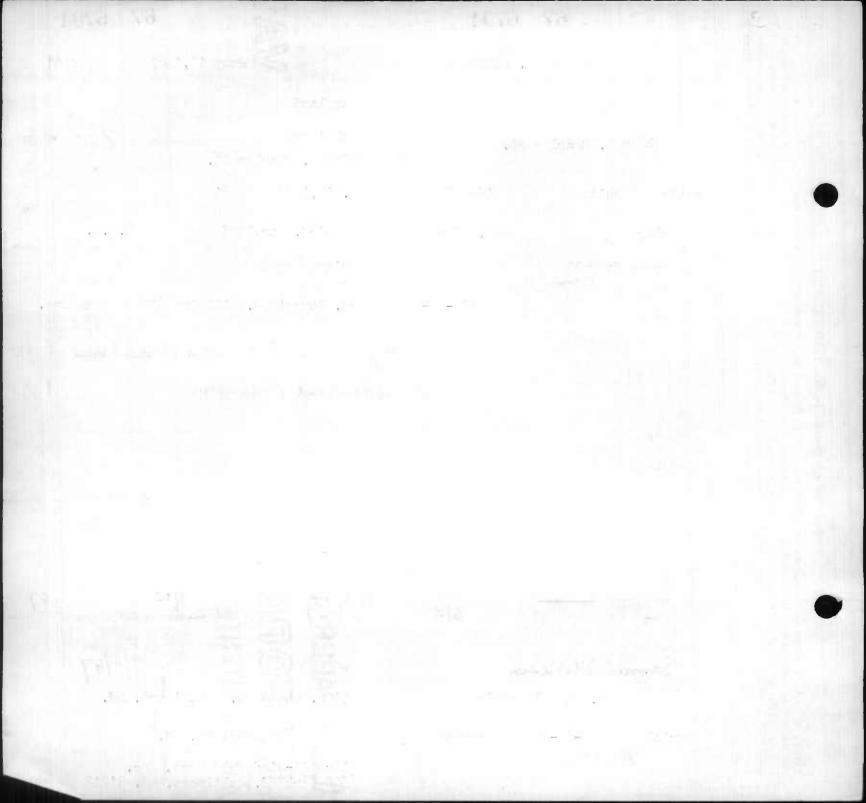


		67	6"	70.3	HEALTH DEPARTMENT	Registered Na	67	Grio?
	H NO.			CERTIFICA	TE OF DEATH	Registered No.	-01.	0/00
1. N	AME OF DEC		CAPPAN	SPRAGINS		10,1967		9:00 P. M.
3. F	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	re deceased lived. It in	stitution: resid	dence before admission!
F	FULL NAME CHOSPITAL OR	address or lacatio	nl		Maryland	tside city limits, write F	RURAL ond g	live towaship)
1	00 2	2622 N. Calve	rt St.		D. STREET ADDRESS (IF 2622 N. Calve	rurol, give locotion) ert St.		,
5. S	emale	White	7. MARR	IED, NEVER MARRIED WED, DIVORCED (specify) 10WOD		9. AGE (In years last birth pay)	If Under 1 Manths D	Yr. If Under 24 Hrs. ays Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if refired) Housewife Home			Helena, Arkan	sas	U.S	COUNTRY?		
13.	Jame	es A. Tappan			Margaret Lamb			
15. Yes	Wos Deceased , na ar unknawr	Ever in U. S. Armed Fo	rces? es of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		A	DDRESS
	No			220-44-2841 T	Samuel H. Spra	gins, Jr. Lu	thervi	lle, Md.
18. 4 CAUSE (Euroclars Kee he	art deser	10	TERVAL BETWEEN NSET AND DEATH Sylvan, +
heart foilure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stoting the				ring	nerskjed a	Bierclew		
ATION	OTHER SIGN TO THE D	G CONDITION 10 51.	ATED TO					
ERTIFIC	19A. DATE OF	OPERATION 198. CON		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS C USES OF DE	ONSIDERED ATH?
CALC	OR CONTRIB	NT WAS UNDERLYING DITING CAUSE OF medical examined		21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	e City, give	exoct lacation!
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hauri	21 E. INJURY OCCURRED While At Nat While At Work	21 F. HOW DID INJ	URY OCCUR?		
		that (1) (this hospital		an July 8	115	/	1	accurred on the date
	23A. SIGNATU	JRE CANA	pe	ed 110 Phy	ending Med.	Stoff Phys.	23B. DATE	SIGNED 4 1/1867
	NAME (1	Dr. William	G. S	need TTT M.D.	11 E. Chase St	. Baltimore	Md.	
244	BURIAL CRE	MATION, 24B. DATE		C. NAME of CEMETERY of CRE			ty, tawn, or	county) (State)
	Burial	7-13-6		Green Mount	В	Baltimore, Me	d.	
25A	. DATE REC'D			D, E, Jahan MA	Mitchell-Wie		. Inc.	ADDRESS 21212
VS	150-REV. 1/1/	65	4		0 / 1	,		

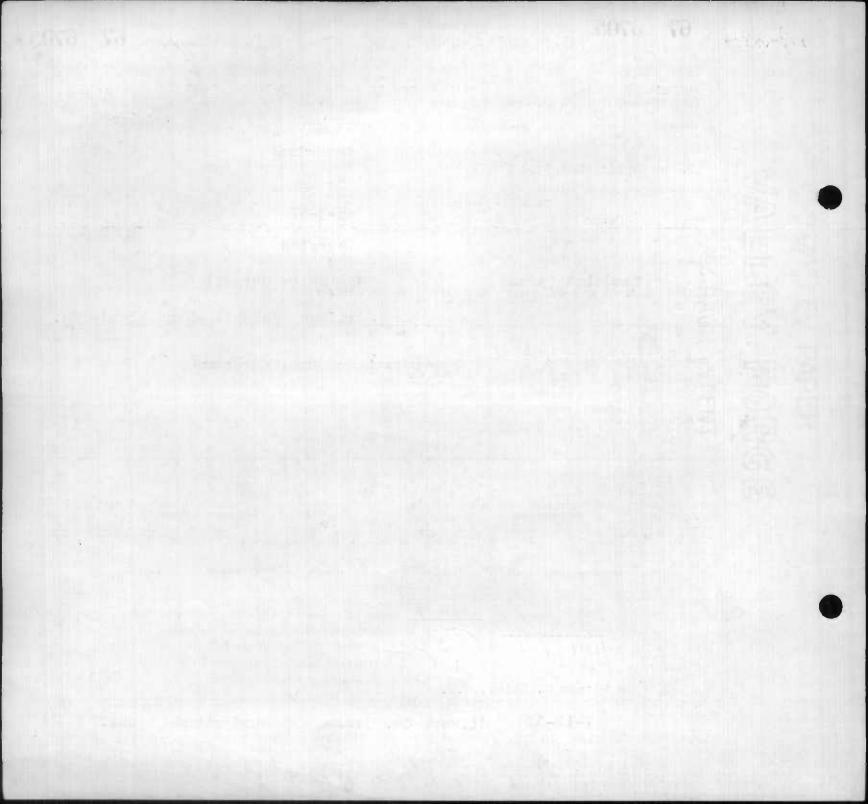


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	67	670	A BALTIMORE CITY	HEALTH DEPARTMENT		67 6204
BIRTH NO.	07	010	CERTIFICA	TE OF DEATH	Registered No	07, 0404
M.E. CASE NO.	CEASED			2 DATE A	ND HOUR OF DEATH	1
(Type or Print)	MADOLYN	G. LAY	FIELD		July 10,19	
3. PLACE OF DE	ATH IN BALTIMORE, MAI	YLAND		4. USUAL RESIDENCE (Wh.	ere deceased fived. II	institution: residence before admission)
FULL NAME (OF (If not in hospital a		givo stroet	Maryland		RURAL and give township)
INSTITUTION	(22 22 22			Baltimore		12-00
00	630 N. Charles	s St.		2630 N. Char	f rurol, give location) les St.	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED D. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost bighday)	If Under 1 Yr. Il Under 24 Hrs. Months: Doys Hours Min.
Female	White	Wl	dowed	Feb. 18,1886	01	
	UPATION (Give kind of work working life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	roign country)	12, CITIZEN OF WHAT COUNTRY?
Sale		Dept	. Store	Frederick, Mar	yland	U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	AME	
Jero	me Pampell			Ariana Morga	n	
15. Was Decoase (Yes, no or unknow	d Ever in U. S. Armod Fare	os?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				Mrs. Garrett	O. Billmire	810 Evesham Ave.
18. 4	5//1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	IJ,	mentensino An	toin la lie	Vandelicano Sur
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) Huperten Sive Asteriosclesofic Vasc, DUE TO (B) Aldominal Anewrypm)					
	injury or complication which caused death.) Ald and mal Angurusm					. I LUA
	ANTECEDENT CAUSES		(B) CY	Momental It	an og stro	190
	DISEASES OR CONDITIONS, if ony, giving					
	G CONDITION last.	storing the	(C)			
_	II					
TO THE	IFICANT CONDITIONS CODEATH BUT NOT RELA CONDITION CAUSING IT	TED TO TH				
19A. DATE O	F OPERATION 198, CONI WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes or N	208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF y medical examinar	216 hor etc	ne, form, factory, street, a	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(I(in Boltimo	oro City, give exect locotion)
OF INTERV	(Month) (Day) (Year)	(Hour) 216	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY		WI	nile At Not While			
22. L certif	y that (I) (this hospital			21.21.111	.19 to 1	10 1967.
	a) last sow the decease		110	4		olnion death occurred on the date
				view the body ofter death		
23A. SIGNAT			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	23B. DATE SIGNED
50	muel Morre	1400	M.D. Att	ending Mod.	Stoff Phys	7/11/67
23 C. PHYSICI	AN'S	201	1.11/	23D. ADDRESS	, ny s	110
NAME (Dr. Samue	l Morri	.son M.D.	11 E. Chase	St. Balti	more, Md.
24A. BURIAL CR	EMATION, 248. DATE	24C. N	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (City, town, or county) (Stoto)
Burial		7	Lorraine	2	Woodlawn, M	d.
25A. DATE REC'			OF REGISTEAR	25C. FUNERAL DIRECTO) R	ADDRESS
	OOL 19 1201	Volver	JE, Janky MA	Mitchell-Wie		
VS 150-REV. 1/1	/65		674	ODO York Rd	Baltimore	, Md. 21212



	NAME OF DE	CEASED		-1	2. DATE AND HOUR PRONOUNCED DEAD			_
(T)	ADRIAN		MO	RSELL				
3.		TIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESID	ENCE (Where dece	osed lived. If insti B, COU	itution: residence before adm	is sion)
FU H C	LL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			_
	Johns	Hopkins Hospi	ital (DOA)		rland RESS (If rurol, give	location)	54-00	
1 5	SEX	6. RACE	T AAA BRIED NEVER AAA BRIED	Box			TVIII 1 2 VIII .	
1	Male	Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRT		ost birthday	If Under 1 Yr. If Under 2 Months, Days Hours	4 Hrs. Min.
	A. USUAL OCC	CUPATION (Give kind of wor working life, even if retired)	NOR KIND OF BUSINESS OR IND		(State or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NA	ME		14. MOTHER'S M			, , , , , , , , , , , , , , , , , , ,	_
		Randolph	Adams	Mae Be	elle Mors	sell		
		ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT			ADDRESS	
1	-, o. o. o. o.	7-7, 9.10 401 01 0016	32001111101	Clifto	n More	11 _Sum	derland- Md.	
-	1B. 6-1	7 Y	C	AUSE OF DEATH	11015	JII -Juii	INTERVAL BETY	VEEN
	DISEA	SE OR CONDITION D	DECTI V				ONSET AND D	EATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Aspiration of Stomach Contents							
	(This does	not meon the mode of c, osthenio, etc, it meons implication which coused	dying, e.g., DUE TO		COMMACIACO	**************************************	*******************************	
	injury or co	implication which coused	deoth.)					
	ANTECEDENT · CAUSES							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
-								
115			(C)					
I O		II	(C)					••••••
LIFICATION	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE					
	TO THE DISEASE O	ENIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE SIT.	20A. AUTOPSY NO		IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?	*********
CAL CERTIFIC	TO THE DISEASE OF THE	ENIFICANT CONDITIONS DEATH BUT NOT RE DECONDITION CAUSING F OPERATION 19B. CON	LATED TO THE SIT.	No	IN C	CERTIFYING CAUS	SES OF DEATH?	
AL CERTIFIC	TO THE DISEASE OF THE	ENIFICANT CONDITIONS DEATH BUT NOT RE DEPTH CONDITION CAUSING F OPERATION 198. CON WAS PER AL CAUSE WAS	LATED TO THE 3 IT. IDITION FOR WHICH OPERATION (FORMED) 218. PLACE OF INJURY home, form, foctory, streetc.	No le.g., in ar about 21C. Neet, office bldg.,	IN C	Boltimare City, giv	SES OF DEATH?	
EDICAL CERTIFIC	TO THE DISEASE OF INJURY (APPROX.)	ENIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING F OPERATION 19B. CON WAS PER AL CAUSE WAS DOR CONTRIB- JSE OF DEATH.	ATED TO THE SIT. JOITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY home, form, factory, streetc. () (Hour) 21E. INJURY OCCUR WHILE AT	No le.g., in ar about 21C. Neet, office bldg.,	WHERE DID (If in	Boltimare City, giv	SES OF DEATH?	
EDICAL CERTIFIC	TO THE DISEASE OF INJURY (APPROX.)	ENIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING F OPERATION 19B. CON WAS PER AL CAUSE WAS DOR CONTRIB- JSE OF DEATH.	LATED TO THE GIT. IDITION FOR WHICH OPERATION (FORMED) 21B. PLACE OF INJURY home, form, foctory, streetc. (Hour) 21E. INJURY OCCUR WHILE AT WORK	NO (e.g., in ar about 21C, Neet, affice bldg., INJUR) RED 21F. H	WHERE DID (If in	Boltimare City, giv	ve exact lacation)	
EDICAL CERTIFIC	TO THE DISEASE OF INJURY (APPROX.)	ENIFICANT CONDITIONS DEATH BUT NOT RE DEPTH CONDITION CAUSING F OPERATION 198. CON WAS PER TO CONTRIB- JUST CONTRI	LATED TO THE GIT. 21B. PLACE OF INJURY home, form, foctory, streetc. 1) (Hour) 21E. INJURY OCCUP WHILE AT WORK Inspection A	NO (e.g., in or about 21C. No in or object, office bldg., INJUR RED 21F. Harmony Autopsy an	WHERE DID (If in OCCUR?	Boltimare City, giv	ve exact location)	
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EDICAL CERTIFIC	TO THE DISEASE OF 19A. DATE OF UNDERLYING UTING CAL 21D TIME OF INJURY (APPROX.) 22. I cer resu	ENIFICANT CONDITIONS DEATH BUT NOT RE DEATH BUT NOT RE DEATH SUT NOT RE DEATH OF REAL CAUSING F OPERATION 198. CON WAS PER LE CAUSE WAS OR CONTRIB- JUSE OF DEATH. (Month) (Doy) (Yeo	LATED TO THE GIT. 21B. PLACE OF INJURY home, form, foctory, streetc. 1) (Hour) 21E. INJURY OCCUP WHILE AT WORK Inspection A	RED 21F. H. NOT WHILE	WHERE DID (If in OCCUR? OW DID INJURY Code Under Under EDICAL EXAMI	Boltimare City, give DCCUR?	ve exact location)	ED
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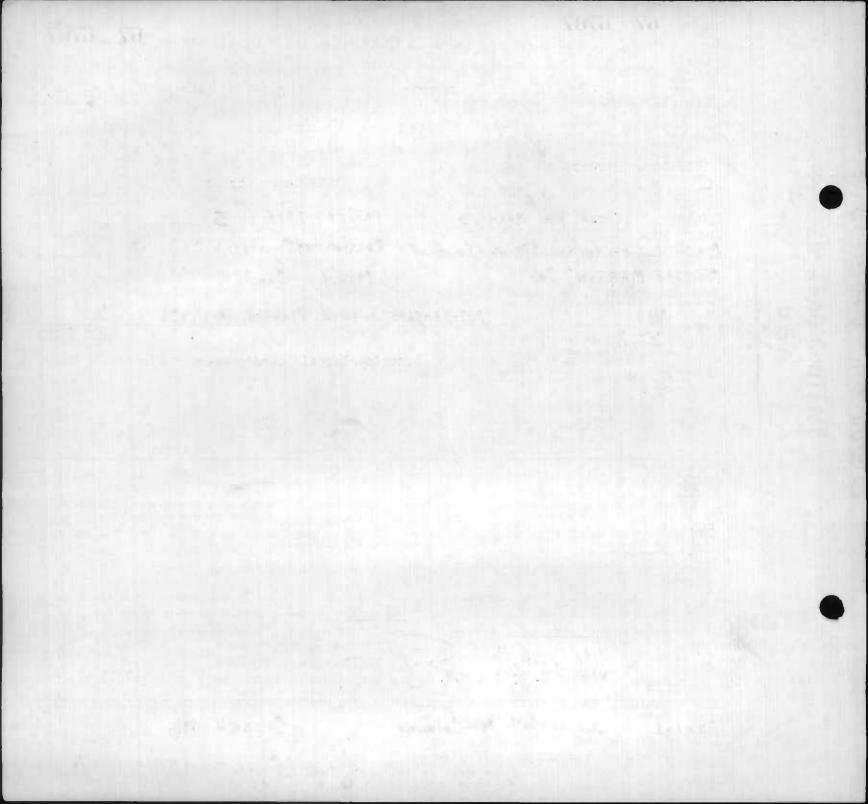


12	-3-1		67, 6	BALTIMOR	E CITY HEALTH DEF		10	000	
12	2005	IRTH NO.	07,	CERTIF	ICATE OF I	DEATH	Registered No	67 6706	
	pital and of death Deceased to the ath. Such	N.E. CASE NO. NAME OF DECEASED Type or Print) M 1-55	Melba	Buta		2. DATE AND	HOUR OF DEATH	D'UC P	
	itali of o	PLACE OF DEATH IN B		,,,,	4. USUAL RE	SIDENCE () There	eceosed lived. If ins	tilution: residence before admissio	M.
	W ~ W	FULL NAME OF (III)	not in hospital or insti diess or location)	tution, give street	A. STATE Maryl	Courtur	- Ed	Balts-Co. URAL ond give township)	
	a hosese; (5)	INSTITUTION	IN CAME	RAL Hospi	1 1 -	Numore		01010	
	ting d cau d cau	SHIMKELA	NO GENER	1011/2 1/04/20			, give location)	53-00	
	2000	SEX 6. RACE	7, 1907	RRIED, NEVER MARRIED	8. DATE OF B	IRTH 9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 H Months; Doys Hours; Min.	rs.
	occu ntrii rmir egu ased	7	W	Single	19618	98	83	North State of the	
	TO 0 1 0 1	OA. USUAL OCCUPATION one during most of working life		ND OF BUSINESS OR INC		0 1	country)	12. CITIZEN OF WHAT COUNTRY?	
:	or Inde	PORC	SEAMSY.	RESS.		akena		USA	
7 7	rect (4) U was the ispos	3. FATHERS NAME	BUNZ		14. MOTHERS	MAIDEN NAME			
Z	22 4 5 7	5. Was Deceased Ever in L	J. S. Armed Forces?	16. SOCIAL	17. INFORMA	NT		ADDRESS	
MPORTANT	the the kin dec nce	(lf yes, NO	give wor or doles of se	373-87-21	21017	when mo	ore -siste	C - SAME as	
Y O	if if any any or	18. 199, 2	/1	AS CA	USE OF DEATH		75 V	INTERVAL BETWEEN ONSET AND DEATH	
MA	Also, e of or noun attermed		ONDITION DIRECTLY G TO DEATH	> {	PELVIC	CACINON	ZIZOTAL		
7		(This does not mean heart failure, asthenia		conce La	TO	***************************************			
2 X	iner. actu pro ular mba	injury or complication	which coused deoth.	A Z S					
9 1	fr fr ho ho egge		DENT CAUSES	S Z DUE	TD				
RECTOR: 1	exames and an	DISEASES OR CON	cause (A) stating	giving					
PIR	5 5 . E	UNDERLYING COND	ITION lost.	2					
A	medical burns; hysici n was	OTHER SIGNIFICANT OF TO THE DEATH E	UT NOT RELATED	CHE CHITUB					
NER	dy be controlled by	DISEASE DR CONDITION 19A. DATE OF CARAMA AWESTHE JULY 12, 196	en 198. CONDITION	FOR WHICH OPERATION	20A. AUTO	PSY? (Yes or No) 2	OB. IF YES, WERE FI	INDINGS CONSIDERED	
7 5 N	ch Bo By th th		7			0			
KELEANE FU	the half by; (2) here to ph	OR CONTRIBUTING DEATH (notify medical	CAUSE OF	218. PLACE OF INJUR home, form, foctory, stetc.)	reet, office bldg., tNJL	JRY OCCUR?	(If in Boltimore	City, give exact location)	
	م ﴿ حَالَهُ مَا	OF INJURY (Month)	(Doy) (Year) (Hou			HOW DID INJUR	OCCUR?		_
Y	hosp hosp natu	(APPROX.)		While At N	ot While				
	he h ny no excep and	22. I certify that (I)	(this hospital) atte	nded the deceased from	n	19	ta		
S C	ap to	that (I) (we) lost say	w the deceased oliv	/e on	19			ion death occurred on the de	ate
1	M	and hour and from th	e couses stated ob	ove. (I) (We) (dld) (did	not) view the body	ofter deoth.			
	must be seleased trident to deat	23A. SHONATURE	D. V.	. O. / Mil	O. Attending	Med. Sto	# -	23B. DATE SIGNED	
E		23C. PHYSICIAN'S	our la	dash	Phys. 23D. ADDRESS	Med. Sto Director Phy	/ S	111/6/	
PPROWED	y was r y was r 1) An a 3. A. at a d prior	NAME (Type)			M.D.				
RO	certificat body was vs. (1) An D.O.A. at ased pric	4A. BURIAL CREMATION,	24B. DATE	24C. NAME of CEMETERY	or CREMATORY	24D. LOC.	ATION (City	y, town, or county) (State)	
2	od od od od od	REMOVAL (Specify) Burial	July 15,67	Loudon Park	Cemeterv	Ba	ltimore, Ma	arvland	
-	This certhe bod shows: (was D.C decease	SA. DATE REC'D BY HEAL	TH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNI	RAL DIRECTOR		ADDRESS	
-	### 3 P 3	JUL:	13 1967 R.C	But E. tarber	M.A. Wm. C	ook-Brook	s Towspn,	1050 York Rd,	
		'S 150-REV. 1/1/65		9070		/ 0		Towson, Md.	

67 6706 90/0 /4 Continues the some BY Shidned 14spine mostly within our pourse we

	CHY	CMO
stered	N67	670

m-635	67. 6707 BALTIMORE CITY HEALTH BIRTH NO. MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH Registered NS.7 6707
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	ROY (ARCHIE) MARTIN	July 10, 1967 5;00 P.M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	USUAL RESIDENCE (Where deceased lived. II institution: residence before admission)
		Maryland
		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	INSTITUTION	Baltimore /D-01
	1015 Ensor Street	D. STREET ADDRESS (If rurol, give location)
	00	1015 Ensor Street
		DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months, Days, Hours, Min.
	Male Negro MARRIED	CT. 14-1914 52
	Male Negro MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY) 11.	BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	done during most of working life, even if retired)	OCKING HAM COUNTY - N.C. WHAT COUNTRY?
		MOTHER'S MAIDEN NAME
10 200	JESSIE MARTIN, SR.	MARY CARTER
		INFORMANT
	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Toric Mina to O was the I I will a
	7110	DESSIE MARTIN, JR. BOX36 RFDI LEAKSUIlle, N
- 19/1001	18. A CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	and another Conditions and Discourse
		osclerotic Cardiovascular Disease
	(This does not meon the mode of dying, e.g., hearl follure, asthenia, etc. It means the disease, injury or complication which coused death.)	
	August and a second a second and a second and a second and a second and a second an	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	
	RISE TO THE ABOVE CAUSE (A) STATING THE	
	UNDERLYING CONDITION LAST.	
	OF H	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	DISEASE OR CONDITION CAUSING IT.	
	198, DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
		Yes
		or obout 21C. WHERE DID (If in Boltimore City, give exact location) e bldg., INJURY OCCUR?
	UNDERLYING OR CONTRIB-	
	21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
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	11100 01 (-)	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE MUSTUS LA AMIDIA	SSISTANT MEDICAL EXAMINER &
		SSOCIATE MEDICAL EXAMINER 7/11/67
	NAME (Type)	
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME (CEMETERY of C	CREMATORY 23D. LOCATION (City, town, or county) (State)
	BURIAL JULY 14, 1967 MT. CALVARY	CEDAR HILLMD.
	24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	JUL 13 1967 R. Dr. By E. Farberton	Conside E. Glove R-1701-03 N. PATTERSON PARK AV.
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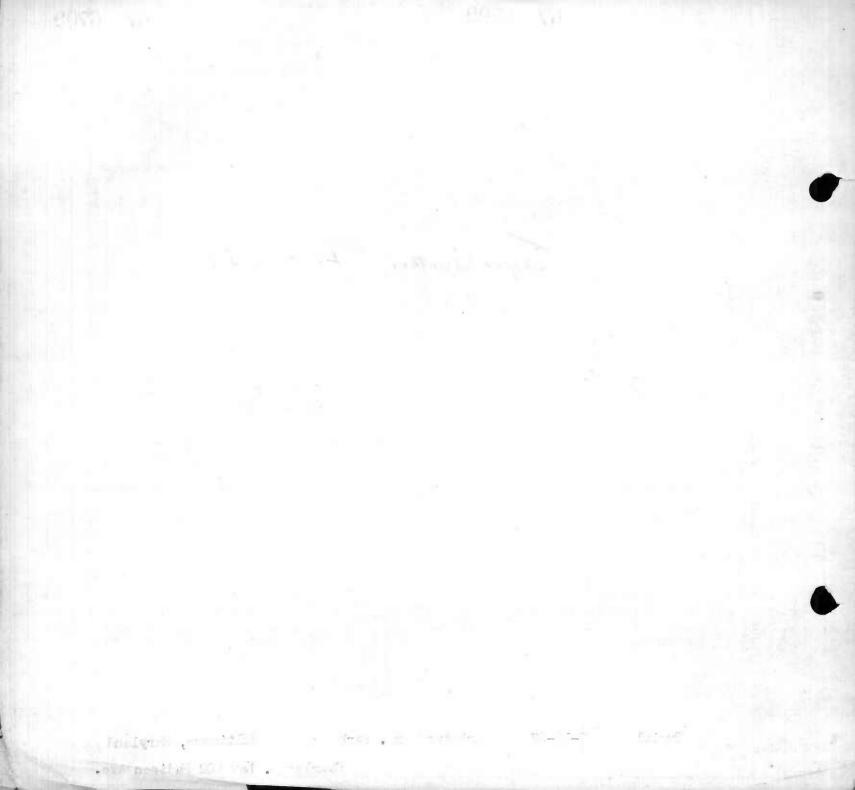


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	0184.0	BALTIMORE CITY	HEALTH DEPARTMENT		Ory Origo
	670	CERTIFICA	TE OF DEATH	Registered Na	67. 6708
M.E. CASE NO.		7	2. DATE	AND HOUR OF DEAT	Н
Type or Print) OCTAVIUS	5 3	WANN		Tuly 10 106	7 5.25 1
B. PLACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If	institutions residence before admission
			Maryland	ONT	
FULL NAME OF (If not in hospital oddress or location		give street		auteida city limite wite	e RURAL and give township)
INSTITUTION The and a set	TT	- 7 · Y		ovision only mining, white	11/ 02
39 Provident 1514 Divi	nospita	al, inc.	Baltimore, D. STREET ADDRESS	(If jurol, give location)	14-000
			3 500 34 0 33	1 (7)	
SEX 6. RACE	7. MARRIED.	never Married	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 Hrs
37-7-	WIDOWED	DIVORCED (specify)	22 24 2400	last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.
Male Negro OA. USUAL OCCUPATION (Give kind of work	Marr:		11. BIRTHPLACE (Stote or f	67 yrs.	12. CITIZEN OF
lone during most of working life, even if retired)	I I I I I I I I I I I I I I I I I I I	DOSINESS OR INDUSTRI			WHAT COUNTRY?
Laborer			North Carol:	ina	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME.	
Unknown			Minnie	/	
5. Was Deceased Ever in U. S. Armed Ford	ces?	1.6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give wor or date	s of service)	SECURITY NO. "	1/10		
		218-07-1750	Maude - Wife	3	SAME
18. 60.5 4 26	OX	CAUSE O	FDEATH		INTERVAL BETWEEN
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injury ar camplication which caused	death.)	STR	AGULATED	HERNI	A
ANTECEDENT CAUSES		DUE TO			/ \
DISEASES OR CONDITIONS, if					
rise to the above cause (A) UNDERLYING CONDITION last.	sloling the	(C)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	***	
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Z OTHER MONITORING CONTRACTORING C		3 0.1.2-20		,	
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I		E DIABETES	MELLITU	.5	
19A. DATE OF OPERATION 19B. CON	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
19A-DATE OF OPERATION 19B. CON WAS PERF	FORMED		YES	IN CERTIFYING C	AUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING			or obout 21 C. WHERE DID		tore City, give exoct locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)		fice bldg., INJURY OCCUR?		
OF INTEREST (Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID I	MILLEY OCCUPS	
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(APPROX)	Woo				
22. I certify that (I) (this hospital) attended th	ne deceased from	ly 4.	19 67 to Tu	lv 101967
that (I) (we) lost saw the decease	d alive an	July 10.	19.67 ond	that in(my) (aur) or	pinian death accurred on the da
and hour and fram the causes stat					
23A. SIGNATURE	4 4	7 () (did) (did iidi) 4	Tew file body difer dedi	ile.	23B. DATE SIGNED
MISH	1	/ 'M.D. Atte	nding Med. Director	Stoff -	7-10-67
January Change	w	Phy:		Stoff Phys. 2	1-10-01
23C. PHYSICIAN'S ' NAME (Type)	Ma 7 - 2	1	23D. ADDRESS	CI	
	Malabri		1514 Divisio	on Street	Balto., Maryland
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NA	ME of CEMETERY of CRE	MATORY 24D	LOCATION ((City, town, or county) (State)
Burial 7-11-67	M	t. Auburn	100	Baltimore, 1	Maryland
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME C		25C. FUNERAL DIRECT		ADDRESS
		4 7 1	THE RESERVE THE		
111 1 2 1967	12.0 A	A STANSON MA	metres w	Law , 802 1	MAGISON AVO
75 13U-KEV, 1/1/69 0 1 0 100 1	A TO CALLO	12 To	0 1	V.	

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	OF CHICO BALTIMORE CITY HEALTH DEPARTMENT	- OH100
	TH NO. 67 6709 CERTIFICATE OF DEATH Registered No. 6	7 6709
1.1	E CASE NO. NAME OF DECEASED PO OF PRINT PO OF PRINT PO OF PRINT PO OF DECEASED PO OF PRINT PO OF DECEASED PO OF PRINT PO OF DECEASED PO OF DECEASED	7 45 N
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	ion: residence befare admission)
	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If autside city limits, write RURE)	I and give township)
	2/35 Residente P	
- Color	D. STREET ADDRESS All rurol, give location of 3625 Roseaple Re	1.
,	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) MATTICE 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) MATTICE 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) MATTICE 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED, NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday) 1. MARRIED B. DATE OF BIRTH 19. AGE (In years lost birthday)	Under 1 Yr. If Under 24 Hrs. Inthis Days Haurs Min.
	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)	CITIZEN OF WHAT COUNTRY?
2	Teacher	U.S.D.
3.	FATHERS NAME LOIS Read	
5. Ye	Was Deceased Ever in U. S. Armed Farces? s, na ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 210-18-217	ADDRESS
-	18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) Dy Courselectes Hart	
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	
	ANTECEDENT CAUSES (B) Mouffwerley & Hd	18 mos
	DISEASES OR CONDITIONS, if any, giving myocasded whether	
	rise to the abave cause (A) stoling the (C) UNDERLYING CONDITION tost.	
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
CATI	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED
ERTIFIC	WAS PERFORMED IN CERTIFYING CAUSES	
AL C	OR CONTRIBUTING CALLER OF	y, give exoct location)
EDIC	OF INTITIES	
2	(APPROX.) While At Work At Work	7/
	22. I certify that (1) (this haspital) attended the deceased fram	1967
		death accurred an the dat
	and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.	DATE SIGNAD
	Elejah Jounden M.D. Attending Med. Director Stoff Phys.	1/2/6)
	23C. PHYSICIAN'S NAME (Type) NAME (Type) ALL TAH SAUNDERS M.D. 3414 Duy - 18 Gru-	
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, In REMOVAL (Specify)	own, as county) (Statel
	Burial 7-16-67 Arbutus Mem - Park Baltimore Mary	land
25	THE THE MOST OF A P. E. L. I. HE	
/5	JUL 13 196/ (1) Level 2, Touseup Charles R. Law 802 Madiso	AVE.



ESDO BIRTH NO. M.E. CASE NO. I, NAME OF DE	6	7 671		TE OF DEATH	Registered No	67 6710
Type or Print)	Regtr	ice M. F	ann Bailey	(Green)	10/67	4.00/
. PLACE OF D	EATH IN BALTIMORE, M.		Willi - Litto'	4. USUAL RESIDENCE (Who	ere deceased fived. If in	stitution: residence before admission
FULL NAME HOSPITAL OF INSTITUTION			give street	Maryland C. CITY OR TOWN (If or		RURAL and give township)
)) 19:	15 Edmondson	Ave.		D. STREET ADDRESS (III	Iuiol, give location	AVE.
5. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Yr. If Under 24 Hi
Female	Colored	MIDOWEI	D, DIVORCED (specify)	Aug. 2 -000	last birthdoy)	Months Doys Hours Min.
INA. USUAL OC	CUPATION (Give kind of wo	rk 10B, KIND OI	BUSINESS OR INDUSTRY	Aug. 3 7 8 8	eign country)	12. CITIZEN OF
done during most of	of working life, even if retired)			Baltimore, 1		WHAT COUNTRY?
John (Greene			Mara Griffi		
Yes, no or unknov	ed Ever in U. S. Armed Fo vn)(If yes, give wor or do	orces? tes of service)	16. SOCIAL SECURITY NO. 219-05-6823-1	Edward W. Daws	on, 1915 Edm	andson Ave.
(This does	ASE OF CONDITION D LEADING TO DEATH nol meon the mode o, asthenio, etc. 11 mean amplication which couse	d d dying, e.g., s the diseose,		Spratne	Larlore	INTERVAL BETWEEN ONSET AND DEATH 7
OTHER SIG	OR CONDITIONS, if the above couse (A) I CONDITION I CONDITION I CONDITIONS I CONDITIONS DEATH BUT NOT RELECTION IN CONDITION CAUSING	ony, giving stating the CONTRIBUTING ATED TO THE	(C) (C)	ps terrie	ur a	vo sclerdic
	OF OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Yes of N	O) 20B. IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRI	BUTING CAUSE OF	218 hon etc.	ne, faim, factory, street, of	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
0 21 D. TIME	(Month) (Doy) (Year	Hour) 21E	. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
OF INJURY		Wh	nile At Not While	e		,
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thot (I) (we	e) lost saw the deceos	sed olive on_	(14/0	ond t	hot in (my) (our) opin	nion deoth accurred on the d
1 1	//	oted aboye.	(We) (did) (did not) v	iew the body after death.		
23A. SIGNA	TURE // /	71				238. DAYE SIGNED
4	Luoro	15/4	M.D. Atte	ending Med.	Stoff Phys.	111417
23C. PHYSIC NAME	TAN'S (Type) SPAP	DESM	EY M.D.	60/ non	nervo 2+	Belle 17 M
24A. BURIAL CI REMOVAL	REMATION, 248, DATE		AME OF CEMETERY OF CRE			ty, town, or county) (State)
-	77/4	600				And the second s
Buris PEC	D BY MEALTH DEBY	250 114445	Arbitus Mem	ark	Baltimore,	Maryland
	D BY HEALTH DEPT.	25B. NAME	Arintus Mem.	25C. FUNERAL DIRECTO	Baltimore, aw, 802 Madi	THE PROPERTY OF THE PARTY OF TH

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dec	lent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decea:	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on t	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. So		
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JIS	9	hows: (1) An accid	OS	9	written approval must be obtained before the remains are embalmed or final disposition is made.	
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1	OM OMA BALTIMORE CIT	Y HEALTH DEPARTMENT			
7007	BIRTH NO. M.E. CASE NO. 67 6711 CERTIFICA	ATE OF DEATH Registered No. 67 6711			
of death Of death Deceased e on the ith. Such	1. NAME OF OECEASED (Type or Phin) Ella T. Snook	July 10, 1967 3:45 P.			
se of (5) Dec	3. PLACE OF OEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY			
	FULL NAME OF (If not in hospital or institution, give street Address or location) INSTITUTION	Maryland C. CITY OR TOWN (If autside city limits, write RURAL and give township)			
E 2 = 1	Ardleigh Nursing Home	Baltimore D. STREET ADDRESS (If rural, give location)			
T	2095 Rockrose Avenue	2409 Linden Avenue			
th occurred in contributing etermined can be regular at the cased prior is made.	Female 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Single	B. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Months Days Hours Mrn.			
or con indeterries in re deceasition is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even if refired) Retired - Bookkeeper Grocers	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland			
7 7 7 8	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
¥ + od si	George Snook	Edith Tensfield			
al d	15. Was Deceased Ever in U. S. Armed Faices? (Yes, no arunknawn)[ilf yes, give war ar dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
fin	No None 215-03-9397	Mrs. Jean Free same address as above			
or	74 × 10(1)	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
attenda med or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ATT	eriosclerotic cardio- 15 yrs.			
E	(A) ALC (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	vascular disease			
regular attenda	injury or complication which caused deoth.) ANTECEDENT CAUSES (B)	kinson's syndrome 5 yrs.			
0 0	DISTASES OR CONDITIONS is now	3734			
S	rise to the obove cause (A) stating the (C) DEL UNDERLYING CONDITION last.	ility 2 yrs.			
	7 11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
٠ ١	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 121A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g.	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	in or about 21 C. WHERE DID affice bldg., INJURY OCCUR?			
	21D. TIME (Manth) (Day) (Year) (Haur) 21E, INJURY OCCURRED OF INJURY				
ptain	22. I certify that (I) (this hospital) attended the deceased from	July 7, 1964 to July 10 1967			
	that (1) (we) lost saw the deceased olive an July 9,	19 67 and that In (my) (ear) opinion death occurred on the dat			
	and hour and from the causes stoted above. (I) (We) (did) (did-not)				
must	23A. SIGNATURE	23B. OATE SIGNED			
	Coy C. Saylos A.D. A	thending Med. Staff Director Phys. July 12, 1967			
	23C.PHYSICIAN'S NAME (Type) Lloyd E. Saylor M.E	23D. Address 2 3902 Greenmount Avenue			
appro	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C				
	Burial 7/13/1967 Baltimore Ceme	tery Baltimore, Maryland			
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ARDRESS ARDRESS ARDRESS ARDRESS			
	JUL 13 1967 P. On to E. Starbey!	Wm. June sons with			

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CM CMA C BALTIMORE CITY	Y HEALTH DEPARTMENT	ON ONLO
BIRTH NO. M.E. CASE NO. BRITIMORE CITY CERTIFICA	TE OF DEATH Registered No.	67 6712
M.E. CASE NO.	THE OF DEATH	
1. NAME OF DECEASED (Type or Print) THOMAS S. DOYLE	2. Date and hour of death) uly 13, 1967	9:40 A
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institut	
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	MARYLAD.	
INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA	L ond give township)
BON SECONR HOSPITAL	BACTIMORE D. STREET ADDRESS (If rurol, give location)	91/0
34	21 025008H Rd., Mt. Wa	askington
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If lost birthdoy) Mo	Under 1 Yr. If Under 24 Hrs.
MALE WHITE MARRIED	8/16/1890 76	
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
Bus, Agent Structural Steel	New York City	11.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	013,4.
JOHN DOYCE .	HELEN	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown)((f yes, give wor or dotes of service)	17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) No None	It chart	
18. CAUSE C	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1 . 1	ONSET AND DEATH
LEADING TO DEATH	rterio se lerosis Cordisvorcula.	
injury or complication which coused death.)		
ANTECEDENT CAUSES (B)		74-6 TTTT 6 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DISEASES OR CONDITIONS, if any, giving		
rise to the obove cause (A) stoting the (C)		
UNDERLYING CONDITION last.		**************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Protection	
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Baltimore City office bldg., INJURY OCCUR?	y, give exact location)
DEATH (notify medical examiner)		/
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (A PPROX.) While At Not Whi Work At Work		
		1. 12 /2
22. I certify that (I) (this hospital) attended the deceased from		13 19 67.
that (I) (we) lost sow the deceased alive on	19.6.7 ond that in(my) (our) opinion	deoth occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE		DATE SIGNED
AND AN Phy	lending Med. Stoff Phys. Director Phys.	uly 13,1967
23C. PHYSICIAM'S NAME (Type) QESAR A- BRAVO M.D.	23D. ADDRESS BON SECOUR 140	1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		wn, or county) (State)
Burial 7/15/1967 New Cathedral (Comptons Dell'	
Burial 7/15/1967 New Cathedral (Cemetery Baltimore, Maryl 25C. FUNERAL DIRECTOR	Andress
111 40 1007 0 0 810 Z. D. MA	a new of a sil . 8	Valto, my
/S 150-REV, 1/1/8	The Cume of how	so hour the
3 130-WEV. 1/1/03		

the companies of Mr. Williams Inc. DAY THE PROVIDE STATE STATE do which is · Barod whole en your so so you god

BIRTH NO.

3 T

VS 150-REV. 1/1/65

M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(If outside city limits, write RURAL and give township) If Under 1 Yr. Months: Doys If Undor 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, givo exact location) ond that in (my) (out) opinion death occurred on the date 238 DATE SIGNED (City, town, or county) 25C, FUNERAL DIRECTOR ADDRESS

Registered No.

DATE AND HOUR OF DEATH

A 0. E Appentagine C.F. 15 yes Champlegia) 4/66 Probutes melletus 7.11.67

	CITY	BALTIMORE CIT	Y HEALTH DEPARTMENT	67 6714
	H NO. D 1.	6714 CERTIFICA	ATE OF DEATH Registe	red No.
1, N	AME OF DECEASED		2. DATE AND HOUR OF	DEATH
(Тур	E I SER + EL	GAR LEROY-SR.	7-12-67	6:00AM M
3. 1	LACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission)
	FULL NAME OF (If not in hospital	or institution, give street	MARYLAND	Baltace
	HOSPITAL OR oddress or location		C. CITY OR TOWN (If outside city limit	its, write RURAL and give lownship)
10			BALTIMORE	21207 53-00
(ST AGNES HOSPITA	\L	D, STREET ADDRESS (If rural, give los	cotion)
			7226 FAIRBROOK R	OAD
	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In y	eors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
	MALE White	Separated	Apr. 2, 1897 70	
OA on	USUAL OCCUPATION (Give kind of wor during most of working life, even if retired)		Y 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Fireman	Balto.City	Md.	U. S. A.
3.	FATHER'S NAME		14. MOTHERS MAIDEN NAME	
	Charles Eiser		Louise Groff	
5.		ices? 16. SOCIAL		ADDRESS
Te	no or unknown) (If yes, give wor or dot	16. SOCIAL SECURITY NO. 219-22-5351	Robert L.Eiser 72	26 Fairbrook Rd.
-	18. / S X		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY		ONSET AND DEATH
	LEADING TO DEATH	(A) Adem	o curcinoma netasta	tre about 1 year
	(This does not mean the mode of heart failure, asthenia, etc. It means	the disease		
	injury or complication which coused	death,)	uny - W. Same	
	ANTECEDENT CAUSES	(B) DUE TO	uny-Kidory	
	DISEASES OR CONDITIONS, if	any, giving		
	rise to the obove cause (A) UNDERLYING CONDITION last.	slaling the (C)	······································	
ATION	OTHER SIGNIFICANT CONDITIONS (CONTRIBUTING		
ATI	DISEASE OR CONDITION CAUSING	IT		
RIFIC	WAS PER	FORMED,	20 A. AUTOPSY? (Yes or No.) 20 B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
3	7-3-67 Integ	tinal obstruction	is as about 216 WHERE DID (III)	Boltimore City, give exact location)
AL (OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	outstiller City, give exact loconati
U				
MEDI	OF INJURY	(Hour) 21 E. INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUP	(7
	(APPROX.)	Wark At Work		
	22. I certify that (I) (this hospita	l) attended the deceased from	19ta	19
	that (I) (we) lost saw the decease	ed alive an	19 and that in(my)	(aur) apinion death occurred an the date
	and hour and fram the couses sta	ted above. (I) (We) (did) (did nat)	view the body after death.	
	23A. SIGNATURE			23B. DATE SIGNED
	Coul A. MILL	Alle M.D. At	ys. Med. Staff Phys.	7/12/67
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	21229
	C. MATTHEY	M.D	ST. AGNES HOSP; CA	TON & WILKENS AVES.
244	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
	REMOVAL (Specify) Burial 7-15-1	1967 Woodlawn	Woodlaw	n Wa
25A	DOLL TOT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	n, Md.
	IIII 13 1967 (DO	A & Fra Deeman B. Hor	wardshave Jamin	Vomo - Balt- MA
15	150-REV. 1/1/65		To fine	

. NEW TARRET SERVE

040-117-0

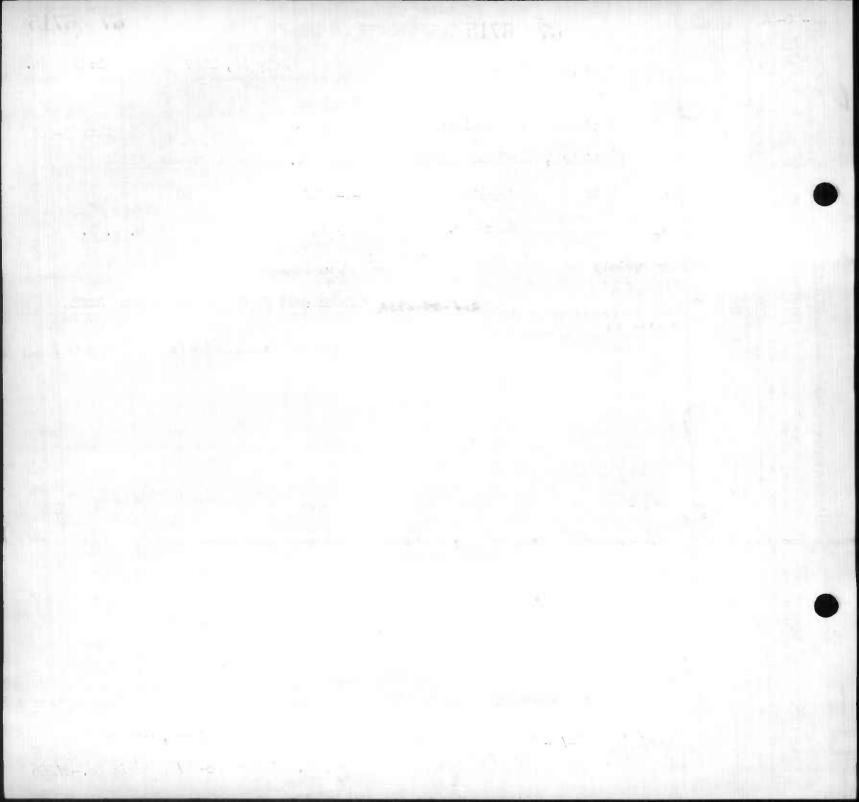
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JATISZON ZIMI, TO

YEMSTERN . I

42-00-44

				BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	67	673	L5 CERTIFICA	TE OF DEATH	Registered No	67 6715
1, N	AME OF DECEA	SED		•		ND HOUR OF DEATH	
	128	ever.	Rene			y 10, 1967	1:45 A.M.
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		A. STATE B. COU	nere deceased lived. II in INTY	stitution: residence before odmission)
	FULL NAME OF	(If not in hospital oddress or location	or institution,	give street	Maryland		
	NSTITUTION	Baltimore (snitals	Baltimore	outside city limits, write l	RURAL and give township)
	21	4940 Easter		80		frurol, give location)	4000
-	21	Baltimore,				easant Avenue	21224
5. 5	EX 6	RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	emale	White	Mari		2-7-1917	50	
			108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
10		rking lile, even if retired)	Warne	0 (0.	Coordia		U. S. A.
	Lastics FATHERS NAME			· .	Georgia	AME	0, 0, n,
				1			
	Walter Og				Eva Perry		
15. (Ye	Wos Deceased E s, no or unknown) (ver in U.S. Armed For If yes, give wor or dote	ces? s of service)	SECURITY NO.	17- INFORMANT		ADDRESS
1	0			214-20-5932	RECORDS : BCH 4	940 Eastern I	Avenue 21224
	18. 2 3 6	XI		CAUSE O			INTERVAL BETWEEN
	DISEASE	OR CONDITION DI	RECTLY			,	ONSET AND DEATH
	L	EADING TO DEATH		(A)	ilsaraclinoid he	morbage	542 hours
		mean the made af sthenia, etc. II means		00110			
		ication which caused					
	1A	TECEDENT CAUSES		(B)		****************************	
	DISEASES OR	CONDITIONS, if	any, giving	00110			
	rise la lhe	abave cause (A)		(C)			
	UNDERLYING	CONDITION last.					
ATION		II					
ATI		ATH BUT NOT RELA		IE	ove		
RTIFIC	19A. DATE OF C			WHICH OPERATION	20A. AUTOPSY? (Yes or)	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CE	21A. ACCIDENT	WAS UNDERLYING	21 B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore	e City, give exact location)
AL	DEATH (notily n	NG CAUSE OF Anedical examined	ONE Por		fice bldg., INJURY OCCUR?		
20	21 D. TIME (Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	HIIIPY OCCUP?	
ME	OF INJURY	Toy, (Too)		ile At Not While		TOOK! OCCOR.	
	(APPROX.)		Wo				
		not (1) (this hospital			JULY 7th		TULY 10th 1967.
	that (1) (we) I	ost saw the decease	d olive on	JULY 10th	19 67 ond	that in (my) (our) opi	nion death occurred on the date
	and haur and	fram the couses sta	ted obove. (I) (We) (did) (did not) v	iew the body ofter death		
	23A. SIGNATURI				, , , , , , , , , , , , , , , , , , , ,		23B, DATE SIGNED
<		Jack 15	rando	M.D. M.D. Atte	ending Med. Director	Stolf Phys.	JULY 10,1967
	23C. PHYSICIAN	-	0 00	rny	23D ADDRESS		-
	NAME (Typ	e) Tage Ro	ANDES		ISALT10	YORE CITY HOSI	
				M.D.	BALTIN	ONE, NO. 21	224 4940 Eastern A
244	REMOVAL (Sp.	ATION, 24B. DATE	24C. N.	AME of CEMETERY OF CRE	MATORY 24D.	0 1	ty, town, or county) (State)
	Burio	1 7-13-	67 m	k I Awn Cemeter	711	Baltimore	Miryland
25A	DATE REC'D B	Y HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	OR.	ADDRESS
	JUL 13	1301 (Rober	क स्थाप	Exterima (of John C. Ail	ter Inc-6415	Belair Rd21206
VS	150-REV. 1/1/65					4	



Such 1

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and death. 0 deceased prior the death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di was D.O.A. at a hospital (except where the physician who pronounced

	BALTIMORE CITY	HEALTH DEPARTMENT		001
BIRTH NO.	6716 CERTIFICA	TE OF DEATH	Registered No	67 6716
M.E. CASE NO. 1. NAME OF DECEASED	0/10	2. DATE	AND HOUR OF DEATH	Н
(Type or Print)	AU CTIUEDUIU	7111	1 10 1017	4 D W
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND SILVERMAN	4. USUAL RESIDENCE (W	10 1967 nere deceosed lived. II	institution: residence before odnission)
FULL NAME OF (If not in hospital or in	etitution give street		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HOSPITAL OR oddress or location) INSTITUTION	smorton, give sweet	C. CITY OF TOWN (II	outside city limits, write	RURAL and give township)
20		BALTIMORE		2/01
3321 OLYMPIA AVENUE		D. STREET ADDRESS	If rural, give location)	
		3321 OLYMPIA		
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
MALE WHITE M	ARRIED	JULY 4 1888	79	
OA. USUAL OCCUPATION (Give kind of work 108, fone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
TAILOR	RETAIL	RUSSIA		USA
3. FATHERS NAME		14. MOTHER'S MAIDEN N	AME	
MARINDON AARON SILI	JERMAN	MAMMAMA	2	
5, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of	1 6, SOCIAL	17. INFORMANT	•	ADDRESS
NO	BENKNOWN	HDC RECOTE	STIUEDUAN 2	321 OLYMPIA AVENUE
1B. 1 E / V	CAUSE O	F DEATH	STEVEN WHAT	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECT	LY	2	5 /	ONSET AND DEATH
LEADING TO DEATH	(A)	arcinoma	- 870m	actallan
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the	diseose,		/	d
injury or complication which coused dea	1.00	vaa		
	DUE TO	* 0.00 0 0 0 0.00 0 0 0 0 0 0 0 0 0 0 0 	8 8 18 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9	
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) sto				
UNDERLYING CONDITION Iosi.				
II	District Co.			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE	acy D		
U 19A, DATE OF OPERATION 19B, CONDITION		20A. AUTOPSY? (Yes or	Not 208. IF YES, WER	E FINDINGS CONSIDERED
WAS PERFORM	AED '	700	IN CERTIFYING C	AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, loctory, street, o	n or obout 21 C. WHERE DID	(If in Boltime	ore City, give exact location)
DEATH Inotily medical examiner	etc.)	ince siagi, into ki occok.		
Q 21D, TIME Month) (Dov) Year) (H	our) 21E, INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?	
OF INJURY (APPROX)	While At Not Whi			
22. I certify that (I) (this haspital) at			19 5 9 to	7-10 1967
that (1) (we) last saw the deceased a	<	4		pinlan death accurred on the date
and haur and from the causes stated				
23A. SIGNATURE				23B. DATE SIGNED
	A 0		0. 0	D. 1 11-

DR. STANLEY STEINBACH M.D. 11 SLADE AVENUE

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION

24D. LOCATION

BALTIMORE MARYLAND

(City, town, or county)

(Stote)

30L LEVINSON & BROS. INC., 6010 REIST., RD.

VS 150-REV. 1/1/65

23 C. PHYSICIAN'S NAME (Type)

> 7/11/67 TH DEPT. 258.

> > 0

23D. ADDRESS

4 4444 4177

24C. NAME of CEMETERY OF CREMATORY

25C. FUNERAL DIRECTOR

Jecmantown

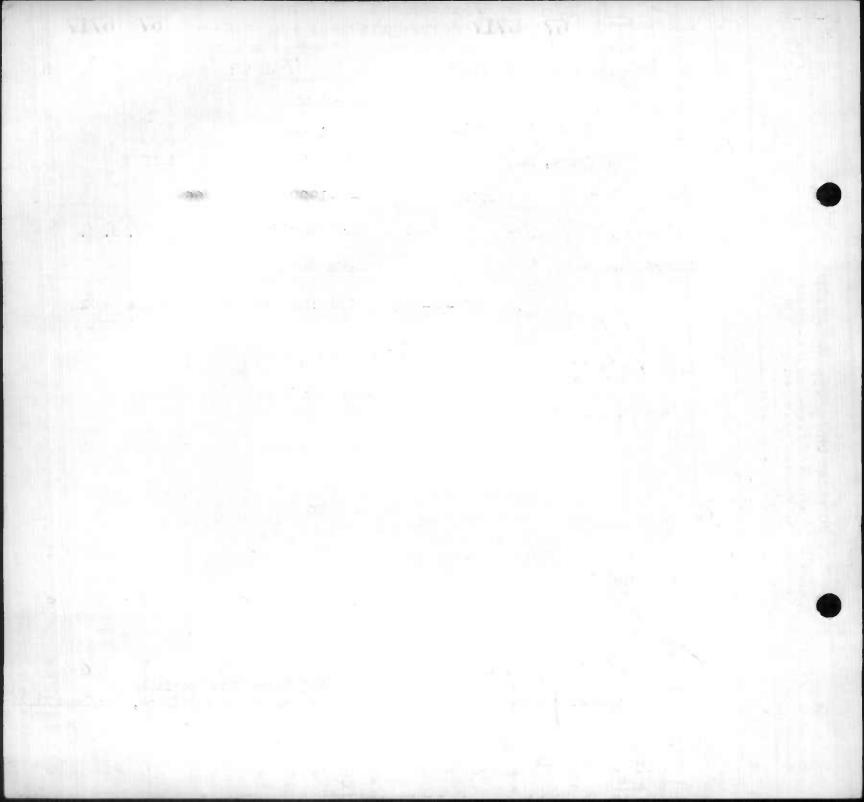
the body was released shows: (1) An accident prior D.O.A. eceased decease M as

24A. BURIAL CREMATION, 24B. DATE

REMOVAL (Specify)

VS 150-REV. 1/1/65

(If outside city limits, write RURAL and give township If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS 21224 INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) apinlan death accurred on the date 23B. DATE SIGNED 4940 Eastern Avenue Baltimore, Maryland 21224 24D. LOCATION (City, town, or county) ADDRESS

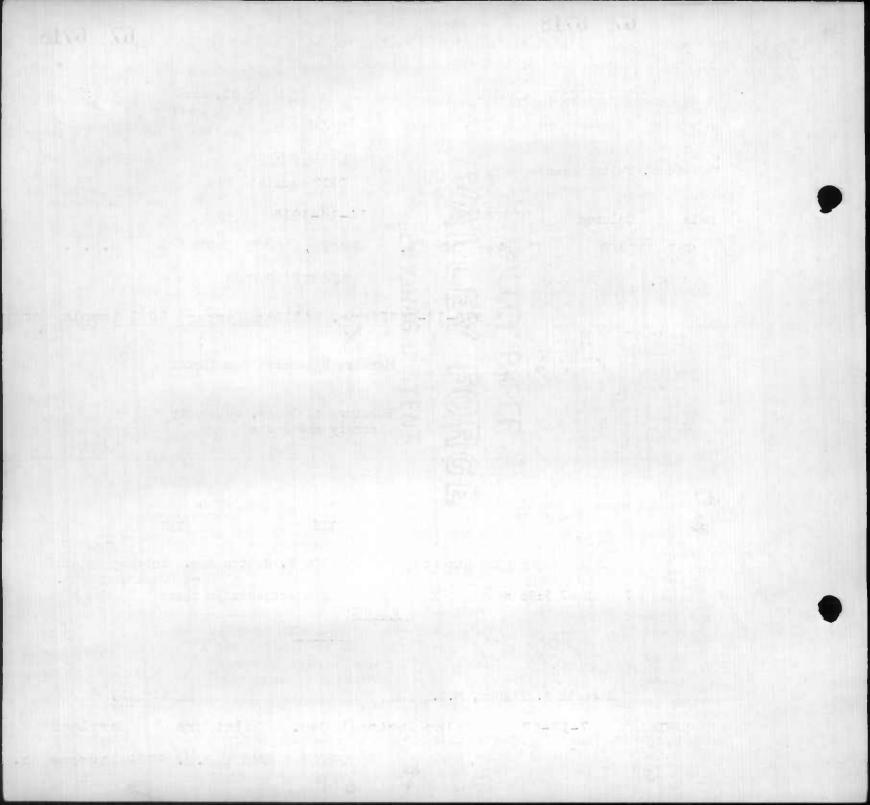


67. 6718

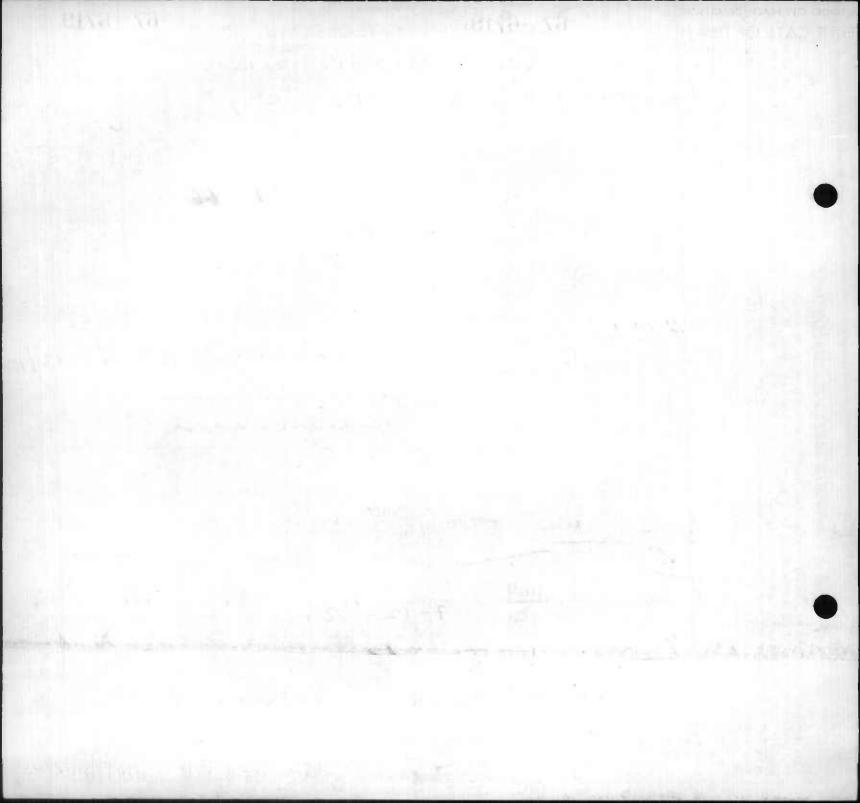
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67. 6718

M.E	. CASE NO.								
	AME OF DECEASED				2. DATE AND	HOUR PRONOUNCED	DEAD		
		ERFIELD PA	RKER DNOUNCED DEAD	4. USUAL RESID	July	12, 1967 ceosed lived. If institu	ution: resider	3:50	a M. mission)
FILL	L NAME OF (IF NO	IN HOSPITAL OR IN	ISTITUTION, GIVE STREET	Mary1	and				
HO!	SPITAL OR ADDRE	SS OR LOCATION)	ISTRICTION, GIVE STREET	C. CITY OR TO	VN (If outside c	orporote limits, write	RURAL ond	give townshi	1) 7
0	0				timore		200 1		1
-	400 N. Fulto	on Avenue			RESS (If rural, giv				
	FV /	T7 44 4 B	DIED ALEXED ALABOTED	B. DATE OF BIRT	Garrison		11011-1-1	Yr. If Under	24.11
5. \$	6. RACE		RIED, NEVER MARRIED PED, DIVORCED (specify)			9. AGE (In years lost birthday)		bys Hours	
M	ale Color		VORCED	10-14-		50	10 0100		
	during most of working life, e	ven if retired)	D OF BUSINESS OR INDUSTRY				12. CITIZEN WHAT	COUNTRY?	
13. F	CAB DRIVER	Che	cker Cab Co.	14. MOTHER'S M	*	CAROLINA		J.S.A.	
	UNK.			LIZZ	IE PARK	ER			
	VAS DECEASED EVER IN			17. INFORMANT			ADDRESS		
1103	, no or onknown, ar yes, giv	o wor or doles or serv	578-14-665	Mrs T.	illian	Parker 2	622 I	Loyola	Norwa
	1B 0 0 1 V			OF DEATH	1111411	IUINCI Z		TERVAL BET	
	DISEASE OF COL	NDITION DIRECTLY					0	NSET AND	DEATH
	LEADING	TO DEATH	(A) M	assive bi	lateral h	nemothorax			
	(This does not mean heart failure, asthenia, e injury or complication w	the mode of dying, tic. It means the dise	e.g., Dile to		• • • • • • • • • • • • • • • • • • • •				***********
	injury or complication w	hich coused deoth.							
		NT CAUSES	(B) P	uncture o	f lungs,	pulmonary			
	RISE TO THE ABOVE O	AUSE (A) STATING	NG DUE TO	artery a					
7	UNDERLYING CONDI	TION LAST.	(C)						
Ö		H							_
V	OTHER SIGNIFICANT	ONDITIONS CONTRI							
Ĕ	TO THE DEATH BU		TO THE		••-				
CERTIFICATION	19A. DATE OF OPERATION	N 198, CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY YES		B. IF YES, WERE FIN CERTIFYING CAUSE YES			
X	21 A. EXTERNAL CAUSE V	VAS	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. V	VHERE DID (If		e exoct loco	tion)	01
	UTING CAUSE OF DEA		etc.)					C C	c ·
Σ	21D TIME (Month)	(Doy) (Yeor) (Hou	Street 1) 21E. INJURY OCCURRED		O N. Full	ton Ave. d			
	OF INJURY (APPROX.)	10 67 2.25	WHILE AT NOT	WHILE	1. 1 l			Cab Co	•
	22.		am WORK X AT W	רעדו		ot in chest			
		held an Inquiry		-		basis, death in my	opinion		
	resulted from:	Natural couses	Accident Suicld			determined monner			
	ACTUAL	160%			EDICAL EXAM			DATE SIG	NED
	SIGNATURE	1800	M.D	ASSISTANT M					
	EXAMINER'S			ASSOCIATE M	EDICAL EXA	_			
23 A	BURIAL CREMATION,	ssell S. Fi	sher. M.D.	CREAM ATORY	23D. LOC		town, or cou		itote)
	MOVAL (Specify)								
0.1	BURIAL	7-17-67	Balto Nat			ltimore		arylan	d
24A	. DATE REC'D BY HEALTH	248. N.	AME OF REGISTRAR		AL DIRECTOR			DRESS	
	71111 19	1067 0 0	6. 9 Fr. a. Ma	MORTO	N & DYE	TT F.H.	1/01 1	Lauren	s St.
VS	151-REV. 1/1/65 7	1301 11300	V 5 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2 4 7	2 0				1/
	140	6717		9	60				V



	70	BALTIMORE CITY	HEALTH DEPARTMENT	Cr	7 0740
- 14	BIRTH NO. M.E. CASE NO.	6719 CERTIFICA	TE OF DEATH	Registered No. 67	0/19
	Type or Print) Shelt	on, Phillip	H. 2. DATE AND	1 - 67	12.30 P.M.
	3. PLACE OF DEATH IN BALTIMORE, MARYL. FULL NAME OF (It not in hospitol or in oddress or locotion) INSTITUTION	soit al	A. USUAL RESIDENCE (Where A. STATE B. COUNTY C. CITY OR TOWN (If outside C. CITY OR TOWN)	deceosed lived. It institutions the deceosed lived. It institutions the deceosed lived. It institutions the deceosed lived.	
	46		D. STREET ADDRESS (If ruing)	rol, give logation)	ent Ave? 16
	5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. 5-22-190/	st birthde 66	Inder 1 Yr. If Under 24 Hrs. Hours Min.
	done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY BETHEL Church	Blackstone	Sirginia 12.	WHAT COUNTRY?
	13. FATHERS NAME Shelt	on.	14. MOTHER'S MAIDEN NAMI	mith	
	15. Was Deceased Ever in U. S. Armed Forces! (Yes, no or unknown) (If yes, give wor or doles of	16. SOCIAL SECURITY NO. 229-19-5047	Mrs. MARY CRA	wley 3221	Westmont Are
	DISEASE OR CONDITION DIREC	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does not meon the mode of dy hearl failure, asthenia, etc. It means the injury or complication which coused de-	e diseose,	Typicandial	Infaction	1/3-12/967
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony	(B)	pertensive	arteno	
	rise to the obove couse (A) sto UNDERLYING CONDITION tost.	oling the (C)	s cuest a	sersi i	
	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR	NTRIBUTING D TO THE			
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFOR		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN	NGS CONSIDERED OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Boltimore City,	give exoct locotion)
		Hour) 21E, INJURY OCCURRED While At Not While Work At Work		RY OCCUR?	
	22. I certify that (I) (this hospital) o that (I) (we) lost saw the deceased of	7	7-3- 19 - 1964 ond that	tin(my) (our) opinion	deoth occurred on the date
	ond haur ond from the causes stoted	obove. (!) (We) (did) (did nat) v	iew the body after death.	23B.	DATE SIGNED
	23C. PHYSICIAN'S		ending Med. Since Pi	hys.	7-12-67
	NAME (Type) Nevz 27	24C. NAME OF CEMETERY OF CR	Luthe	ran Hos	pital
	BURIAL T-16-6%	7 Blackstone Cha	rch Cem. Bln	c Kstone	vn, or county) (Stote)
-	JUL 13 1967 0	B. NAME OF REGISTRAR	MURTON & DY	ett F.H. 1	10) LAURENS
	V\$ 150-REV. 1/1/65	* **	0 / 65 /		



67. 6720 ME

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67

BIRTH NO.	ICAL EXAMINER 5 C	EKTIFICAT	E OF DEATH Regis	tered No.3	
M.E. CASE NO.				LOSED DEAD	
1. NAME OF DECEASED (Type or Print)			2. DATE AND HOUR PRONOUN	CED DEAD	
SARAH JANE 3. PLACE IN BALTIMORE MARYLAND, W	JOHNSON HERE PRONOUNCED DEAD	4. USUAL RESIDER	July 8, 1967 NCE (Where deceased lived, If in B. Co	nstitution: resi	7:20 p M. dence befare odmissian)
FULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCAL NOTITUTION	AL OR INSTITUTION, GIVE STREET ATION)	Marylan	d N (If outside corparate limits, w	rite RURAL o	and give township)
		Baltim D. STREET ADDRE	iss (If rurol, give lacotion)	0	000
<u> </u>	D.O.A.		. Gilmor Street	- 1	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) SEPARATED	8. DATE OF BIRTH 5-22-19	9. AGE (In year last birthday) 43	Month's	Doys Haurs Min.
Female Colored 10A. USUAL OCCUPATION (Give kind of work				12. CITIZ	
LAUNDRESS 3. FATHER'S NAME		KEMBRID			U.S.A.
WALTER WILSON 15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SO CIAL	17. INFORMANT	LICE WILSON	ADDRES	5
Yes, na orunknown) (If yes, give wor or dote	s of service) SECURITY NO.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	215-24-477	l Mrs. Na	ancy McDougald	1802	Warwick A
18	CAUS	E OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY				
LEADING TO DEATH	(A) AT	teriosclero	tic Cardiovascul	ar	*****************************
(This does not mean the made of heart failure, asthenia, etc. It means injury ar complication which coused	the disease.	Heart Dis			
injury at complication which coused	geom.				
ANTECEDENT · CAUSE					
DISEASES OR CONDITIONS, IF A	NY, GIVING DUE TO	· · · · · · · · · · · · · · · · · · ·	*******************************	************	
UNDERLYING CONDITION LAST.	(C)				
Ő	101				
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING				
TO THE DEATH BUT NOT RE	LATED TO THE				
—	IDITION FOR WHICH OPERATION		(Yes or Not 208, IF YES, WERE IN CERTIFYING CA		
ZIA. EXTERNAL CAUSE WAS	218, PLACE OF INJURY (e.g.,	, in ar obout 21C, WI	HERE DID (If in Boltimore City,	give exact I	acation)
UNDERLYING OR CONTRIB-	hame, farm, foctory, street, etc.)	alfice bldg., INJURY	OCCUR?		
21D TIME (Manth) (Doy) (Yea	r) (Hourl 21E. INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?		
(APPROX.)	m. WHILE AT NOT	WHILE			
22. I certify that I held on I			that on this bosis, death in	n my opinic	on
resulted from: Notural co	uses X Accident Suici	de Homicid	e Undetermined mor	nner 🗌	
ACTUAL	Tart of		DICAL EXAMINER X		DATE SIGNED
SIGNATURE	M. I		DICAL EXAMINER		•
EXAMINER'S NAME (Type)	1011 C Figher M.D.	ASSUCIATE ME	DICAL EXAMINER	July 9	1967
23A. BURIAL CREMATION, REMOVAL (Specify)	Sell S. Fisher, M.D.	or CREMATORY		ity, tawn, ar	
Burial 7-15	-67 Mount Aubur	cn Cem	Baltimore	•	Maryland Address
	7 7 0	MODEON	T C DAZIEROM W II	270	1 Tan-

to the state of th

BURIAL CREMATION, REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF

2/

REGISTRAR

Such

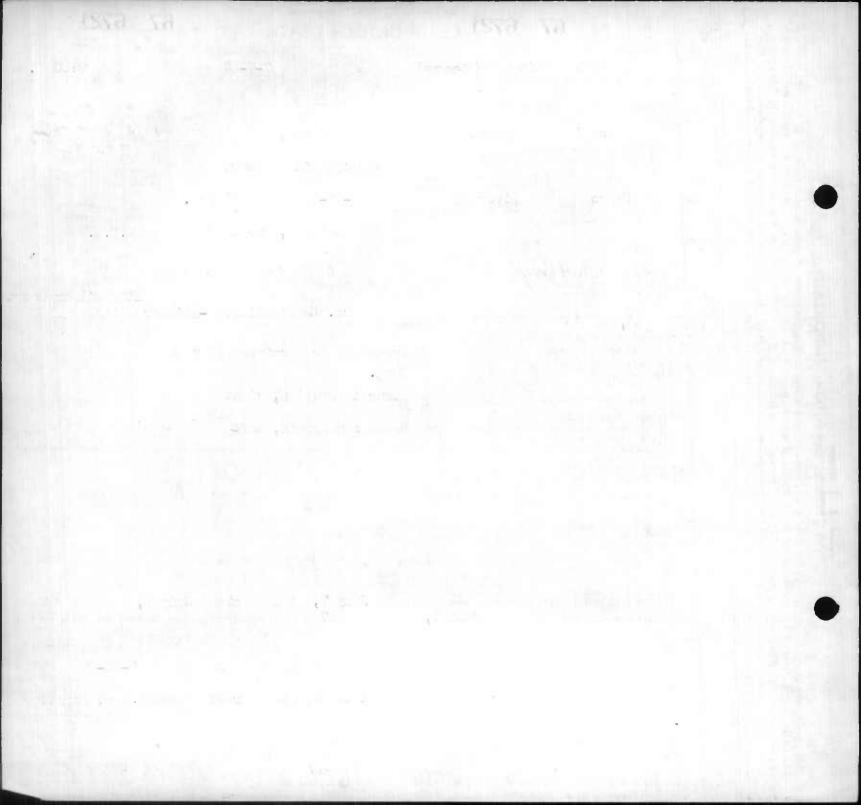
		6"	7 67	BALTIMORE CITY			Pasistanad Na	67 672	21
	E CASE NO.	0.	01	CERTIFICA	TE OF	DEATH	Registered No		
1,1	NAME OF DECEASE	D				2. DATE	AND HOUR OF DEAT	Н	
СТУ	pe or Print)	Rees Wh:	iting	(Reese)			7-9-67		9:00 PM
3.	FULL NAME OF	IN BALTIMORE, M. (If not in hospitol			A. STATE	RESIDENCE (W B. co yland	here docoosed lived. If UNITY	institution: residenc	e before odmission)
	HOSPITAL OR	oddress or locotic	on)		C. CITY O		outside city limits, write	RUI At and give	to yehr hip)
	Provident Hospital			ADDRESS	(If rural, give location)		000		
	97					Wilmer			
		ACE		D, NEVER MARRIED ED, DIVORCED (specify)	B. DATE O	F BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. Months; Doys	If Under 24 Hrs. Hours Min.
_		legro		orced	2-22	2-10	57 yrs.		
	ne during most of worki		k 10B. KIND C	OF BUSINESS OR INDUSTRY		timore, l		U.S.A	UNTRY?
10	FATHER'S NAME					ER'S MAIDEN N		U.D.H	
13	Thomas	ahit,	ng		0		1 EVANS		
15. (Ye	Wos Deceased Everes, no or unknown! (If	r in U. S. Armed Fo yos, give wor or do	os of servico)	16. SOCIAL SECURITY NO.	17. INFORA	AANT		1124 W	ilmer Cour
					Mrs	Bessie	Wilson - Si		# 21207
	18.162.	/ I		CAUSE O	F DEATH				AL BETWEEN
		R CONDITION D		D	1		0 1		
		DING TO DEATH		(A) Bron	choger	ic carci	noma of righ	nt	
	heart foilure, asth	enio, elc. Il meon	s the disease		3.				
		olion which cause				fusion,	right.		
		ECEDENT CAUSE		DUE TO	Subs. N.S. abov Not ab	inisanenisian.	-A-Ha-Egh A-V	******	
		CONDITIONS, if bove couse (A)			ahonne	umonia,	left		
	UNDERLYING CO		sidiling in	101	revio bute	imiloriad.			**************************************
7		II.				0			
ATIO	TO THE DEAT	ANT CONDITIONS H BUT NOT REL DITION CAUSING	ATED TO T	NG THE					
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B, IF YES, WERE FINDINGS CONSIDERED							DERED ?	
CAL CE	DEATH (notify mod		ho	B. PLACE OF INJURY (e.g., i omo, form, foctory, street, o c.)	n or about 2 ffice bldg., II	C. WHERE DID NJURY OCCUR?	(If in Boltim	oro City, give oxoc	t location!
0	21 D. TIME (M	anthi (Doyl (Your	(Hourl 21	E. INJURY OCCURRED	2	F. HOW DID I	NJURY OCCUR?		
ME	(APPROX.)			/hile At Not Whit	° 🗆				
	22. I certify that that (I) (we) los	t (I) (this hospite	ol) ottended ed alive on	the deceased from July 9,	July	7. ond	19 67 to Ju	ly 9,	urred on the date
				(I) (We) (did) (did not) v					
	23A. SIGNATURE	1						23B. DATE SIGN	NED
	ie	ca fe		Phy		Med. Director	Stoff Phys.	7-10-	67
	23C. PHYSICIAN'S NAME (Type)	ATA	9211	N) M.D.	23D. ADDRE 1514	Division	Street	Baltimore,	Maryland

24D. LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

ADDRESS

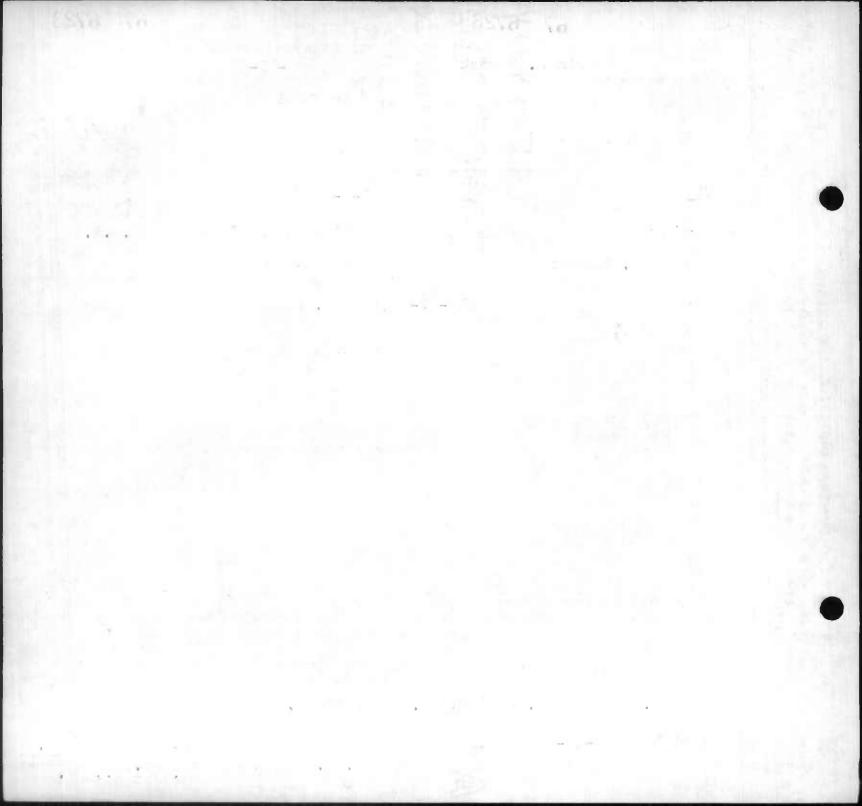


	CHY	6722	BALTIMORE CITY	HEALTH DEPARTMENT		OP	OPIOO
BIRTH NO.	07	0122	CERTIFICA	TE OF DEATH	Registered No	6/	DICK
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Patricia	K x g	1/9/1/	2, DATE	AND HOUR OF DEATH	1 7:	40 P.
3. PLACE OF DEATH IN	BALTIMORE, MARYLA	AND		4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If ins	stitution: residence	e before odmission
	(If not in hospital or in address or location)	istitution, give	street	C. CITY OR TOWN (II	outside city limits, write R	URAL ond give	township
7 Merc	v H	0501	tal.	D. STREET ADDRESS	MORE (If rurol, give location)		201
5. SEX 6. RAC	F 1 17.1	MARKIED, NEV	FR MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	Under 24 Hrs.
M /		WIDOWED, DI	Parted	12-28-8	5 lost birthdoyl	Months Doys	Hours Min.
done during most of working to	lije, even il retired)	1	rance	11. BIRTHPLACE (Store or	toreign country)	12. CITIZEN OF	
13. FATHERS NAME	dF C	D'M	ALLEV	14. MOTHERS MAIDEN	NAME	0/70	10/8
15. Wos Deceased Ever in (Yes, no orjunknown) (II yes,	U. S. Armed Forces?		SOCIAL SECURITY NO.	17. INFORMANT	D'MALLON	ADDR	HA MA
/V 0		20	CAUSE OF	DEATH	OTHITEY	INTERV	AL BETWEEN
DISEASE OR	CONDITION DIRECT	TLY				ONSET	AND DEATH
	NG TO DEATH on the mode of dyi		(A) Čo	rovary HEART	DISEASE		, <u>6 = 64.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.</u>
heort foilure, ostheni	o, etc. It means the n which coused dea	diseose,	500 10	,			
	EDENT CAUSES	, 111,	(0)	CUTE MASSIVE	MY OGNED. INFO	Ration	
	NDITIONS, if ony,	giving	DUE TO				
rise to the obov	re couse (A) slo DITION lost.	ling the	(C)	00000000000000000000000000000000000000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	II						
TO THE DEATH			904MBUE	PNUMMONITIS			
19A. DATE OF OPERA NON 5 21A. ACCIDENT WAS	TION 198. CONDITION WAS PERFORM		CH OPERATION	20 A. AUTOPSY? (Yes of	No. 208. IF YES, WERE F	INDINGS CONS	IDERED
OR CONTRIBUTING DEATH (notify medico	CAUSE OF			or about 21C. WHERE DIE fice bldg., INJURY OCCUR		City, give exoc	(locotion)
O 21 D. TIME (Month		lour) 21E, INJ	URY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
(APPROX.)	9 10 , 19ca 3	White A Work	Not While				
22. I certify that (I) (this hospital) at	tended the d	eceosed from	JULY 10	19 67 to	July 15	2 19 67
that (I) (we) last s			TULY 12 e) (did) (did not) v	19 67 one	that in (my) (our) opin	nion deoth occ	urred on the dot
23A. SIGNATURE						23 B. DATE SIGN	NED
	reavou_		M.D. Atte	nding Med. Director	Stolf Phys.	7-13-6=	7
23C. PHYSICIAN'S NAME (Type) H	ernando B	Canno		23D. ADDRESS MERCY	HOSPITAL		- Y
24A. BURIAL CREMATION REMOVAL (Specify)	N, 248. DATE	24C. NAME	of CEMETERY or CRE	MATORY 240	D. LOCATION (Cit	y, town, or coun	ly) (State)
Burial	7-15-67	New	Cathedra]	E	Baltimore		Md.
25A. DATE REC'D BY WE	14 1967	NAME OF RI	2. Failer Ma	25C. FUNERAL DIREC	is & Sons Co	.4905 Y	Tork Rd.
VS 150-REV. 1/1/65						Balto	, rice

ACUTE MISSELLE MEDICALE LIVER STACK A Characteristic output of B MOM B Be and a south THE PERSON AND THE PERSON NAMED IN COLUMN 1 LENGTH DODGE TO PARK S STOCKERS

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sed the cch	M.E	CASE NO		0.
0 0 0		AME OF D	ECEASED	Edwin
7 9 0 4	3. F	LACE OF D	DEATH IN B	ALTIMORE, MA
000				
se; (5)	1	TULL NAME TOSPITAL O NSTITUTION	R od	not in hospital diess or locotio
				ford Ro
cau	,	200	0 11042	.014 110
de de	2	EX	6. RACE	
contributing stermined car regular att ceased prior n is made.		M		W
contri letermi in regu ecease on is m	10A	USUAL OC	CUPATION	Give kind of wor
9 5 0 0		Broke		, even if retired)
3 = a 10		FATHER'S N		
direct d; (4) U th was on the disposi		Fran	kJ.	Barock
0 = 0 =	15.	Was Deceas	sed Ever in U	J. S. Armed Fo
de de		No	will yes,	give war or dat
4 700		18. / /	3 X	1
		DISE		ONDITION DE
Also, noun atter Imed		(This does		the mode of
examiner. 3) A fractur n who pro- in regular s are embal				elc. Il meons
frace gul			ANTECEL	ENT CAUSES
who who are e		DISEASES		DITIONS, if
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ical e rrns; (3 sician was ii mains				П
medical / burns; physici ian was ien was	CERTIFICATION	TO THE	DEATH B	UT NOT REL
	CA		OF OPERATI	ON TAUSING
O T S	RTIF	0		WAS PER
~ F L	1	OR CONTR	DENT WAS	UNDERLYING
ure; (2) where (3) No phed before	MEDICAL		tify medical	exominer)
23 20	AED	21D. TIME OF INJURY		(Doy) (Yeor)
		(APPROX.)		
the h ny n exce and obtai		22. I certi	ify that (I)	(this hospita
be + 0		that (1) (%	lost so	v the deceas
dent of lospital death) must be		and hour of		e couses sto
the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be		37.310,44	And	9/1/11
the body was rele shows: (1) An acci was D.O.A. at a h deceased prior to written approval		23C. PHYSIC	CIANS	Coo
An at at		NAME D:	(Type)	derson
d p	24A	BURIAL C	REMATION,	
the body shows: (1) was D.O./ deceased written a		Buria;		7-14-6
shows: was D. deceas		. DATE REC	D BY HEAL	TH DEPT.
+ 4 ≥ 4 ≥ ×			JUL	1 4 1967
	VS	150-REV. 1/	1/65	

BIRTH NO. 67	U11013	CATE OF DEATH Registered No.	67 6723
M.E. CASE NO. 1. NAME OF DECEASED (Type of Print) Edwin F.	(H) Barock	2. DATE AND HOUR OF DEATH	530
3. PLACE OF DEATH IN BALTIMORE, MARYL FULL NAME OF (If not in hospital or i	AND	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY Maryland	
HOSPITAL OR oddiess or locotion) INSTITUTION 1520 Medford Road	1	C. CITY OR TOWN (If outside city limits, write I Baltimore D. STREET ADDRESS (If rurol, give Jacotion) 1520 Medford Road	RURAL ond give township)
261	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10) done during most of working life, even if refired) Broker	ckind of Business or Indus	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
Frank J. Barock		Sophia Bruha	
15, Was Deceased Ever in U. S. Armed Forces' (Yes, no or unknown) (If yes, give wor or dotes on No	service) SECURITY NO. 212-22-3	941 Mrs. Jean Barock	Same
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury of complication which caused de ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any rise to the above cause (A) structure of the course of t	ing, e.g., DUE TO other to oth	licenoma leing	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDIT WAS PERFOR 21A. ACCIDENT WAS UNDERLYING	O TO THE ON FOR WHICH OPERATION MED 21B. PLACE OF INJURY (e.	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (I OF INJURY (APPROX.) 22. I certify that (I) (this hospital) a	dour) 21E. INJURY OCCURRED While At Not Not Work	While Work 1907 1909 1909 1909 1909 1909 1909 1909	ly 11 167
that (1) (We) last saw the deceased of and haur apd from the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type)	above. (1) (We) (and) (did no	Attending Med. Stoff Phys. 23D. ADDRESS	23B, DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 7-14-67	HOLY Rodomics.	CREMATORY 24D. LOCATION (C)	Md. ADDRESS 21212 Balto., Md.



This certificate must be appraved by the chief medical examiner ar his assistant if death occurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct ar cantributing cause af death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance on the deceased prior to death. Such was in regular deceased prior to death. Such

	67	672	A BALTIMORE CITY	HEALTH DEPARTMENT		67 6724
BIRTH NO. M.E. CASE NO.	07	012	4 CERTIFICA	TE OF DEATH	Registered No	07 0722
T.NAME OF DEC	Margue Margue		DeVos	2. DATE AN July	13, 1967.	1 :00 A
3. PLACE OF DE	ATH IN BALTIMORE, MAI	RYLAND		4. USUAL RESIDENCE (When	e deceosed lived. If ins TY	titution; residence before admission
FULL NAME O			give street	Md.		
HOSPITAL OR	oddiess or location			C. CITY OR TOWN (If out	0 1	URAL ond give township)
40	Long Green	Nursi	ing Home	D. STREET ADDRESS (If	Baltimore	2 01/0
/	0		0	5211	Tramore 1	Road
5. SEX	6. RACE	7. MARRIED, WIDOWEI	NEVER MARRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 His Months: Doys Hours Min.
Female	White	W	idow	Aug. 25, 1876.	90	
	working life even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NA	ME			14. MOTHER'S MAIDEN NAM	AE AN	
	? F1	ourac			Unkne	own
5. Was Deceased	Ever in U. S. Armed Ford	es?	SECURITY NO	17. INFORMANT		ADDRESS
No	, , , , , , , , , , , , , , , , , , , ,		Unk.	Mr. August H.D	eVes	(Same)
18.26	OXII	1 7	CAUSE OF	DEATH	1.	INTERVAL BETWEEN ONSET AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY	-A	allemosco.	les Hou	Toma
	not mean the mode of		DUE TO	Vocate Cong	E Di	11 V Wass
	osthenio, etc. It meons mplication which coused		Col	Gener)	acceur,	
	ANTECEDENT CAUSES		(B) ATZ	sellers	200	
	OR CONDITIONS, if			1 =1	00.01	
	G CONDITION last.	(C) Y	oulle, fu	e xxxxx		
_	II			- 4/	٩	
E TO THE D	DEATH BUT NOT RELA	TED TO TH		When of	Dunn	
19ALDATE OF		DITION FOR	WHICH OPERATION	20 A AUTOPSY? (Yes or No		INDINGS CONSIDERED
1 Mas	1967 WAS PERF	ORMED			IN CERTIFYING CAU	SES. OF DEATH?
OR CONTRIP	NT WAS UNDERLYING DITING CAUSE OF	21 8 horr	ie, form, foctory, street, of	ice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
0 21 D. TIME	(Month) (Doy) (Yeoi)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJI	URY OCCUR?	
OF INJURY		Wh	ile At Not While			
22 Leaghifu	that (1) (this haspital			18 = 1	9/57 10 100	9 13 1967
	lost saw the decease		0 , 0 / 7	100	0/	Ion death occurred on the do
				iew the body after death.		0
23A. SIGNATI		11	1 07			23B. DATE SIGNED
XMI	Deel N. 11	Mut	Z/ M.D. Atte		Stoll Phys.	7/13/67
28C. PHYSICIA	AN'S Type)			3D. ADDRESS		/ MO212
VON	no Wil	VINT	JZER M.D.	SOOY EVER	SPEEN !	VS BATTO
REMOVAL	(Specify)	24C.N.				r, town, or county) (State)
Burial	11-21		en Haven Cemet		Glenburni	
25A. DATE REC'D			F REGISTRAR	25C. FUNERAL DIRECTOR		Palda M.J. 2121
/S 150-REV. 1/1/	JUL 1 4 1967	1 (Pres	f E. Failerns	Legnard y. K	uck, Inc.	Balto.Md. 21214
ra 130-KEV. 1/1/	UJ UJ					

And the second

In the second of

FULL NAME OF HOSPITAL OR oddress or locotion) Bolton Hill Convelescent & Nursing Ctr.	2. DATE AND 7/12 RESIDENCE (Where B. COUN	deceased lived. If in		6725 6:45A
NAME OF DECEASED ype or Print) PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street hospital or institution) HOSPITAL OR oddress or locotion) Balton Hill Convelescent & Nursing Ctr.	2. DATE AND 7/12 RESIDENCE (Where B. COUN') OR TOWN (If out:	2/67 a deceosed lived. If in		6:45A
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION Bolton Hill Convelescent & Nursing Ctr. A. USUAL A. STATE Md. C. CITY Bal D. STREET	7/12 RESIDENCE (Where B. COUN'	2/67 a deceosed lived. If in		6:45AN
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR oddress or locotion) Bolton Hill Convelescent & Nursing Ctr.	RESIDENCE (Where B, COUN'	deceosed lived. If in		e before admission)
FULL NAME OF HOSPITAL OR INSTITUTION oddress or locotion) Bolton Hill Convelescent & Nursing Ctr.	OR TOWN (If outs		RURAL and give	
HOSPITAL OR oddress or locotion) C. CITY C Bal Bolton Hill Convelescent & Nursing Ctr.		side city limits, write I	RURA1 and give	
Bolton Hill Convelescent & Nursing Ctr.		side city minus, wine i		town Thin) - A
Bolton Hill Convelescent & Nursing Ctr. D. STREET			NO NITE ON G GIVE	4-06
		ural, give location)		
	M Hamband	Do- 3		
SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE O	6 Harford	. AGE (In veors	If Under 1 Yr. Months; Doys	, If Under 24 Hrs.
M White Single 7/8/8		ost birthdoy)	Months Doys	Hours Min.
	LA CE (State or loreis		12. CITIZEN O	F
Salesman	Maryland		12. CITIZEN OF WHAT CO	UNTRY?
Datesman		-	QD.	
	ER'S MAIDEN NAM		Tiemer	
Francis R. Cawley		priaget	Tierney	
S. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORI	WANT		ADDR	ESS
No 577-07-1643A Mrs.	Rae Litchf:	ield,3013 F	leetwood	Ave. 2121
1B. / CAUSE OF DEATH				AL BETWEEN
DISEASE OR CONDITION DIRECTLY			ONSET	AND DEATH
LEADING TO DEATH	ma rectum			
Uhis does not mean the mode of dying, e.g., DUE TO	A Lecoun			
heart failure, asthenia, etc. 11 means the disease, injury at camplication which coused death.)	-			
ANTECEDENT CAUSES (B) A.S.C.V.	.y.			
DISEASES OR CONDITIONS, if any, giving				
rise to the above cause (A) stoting the (C)				
UNDERLYING CONDITION last.				
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT SELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	IITORCY2 (Year or NI-1	20B. IF YES, WERE	EINDINGS CONS	DERED
2 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. A	No	IN CERTIFYING CA	USES OF DEATH	?
21B. PLACE OF INJURY (e.g., in or obout)		(If in Rollimous	e City, give exec	t location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., I	NJURY OCCUR?	or in sommore	Sily, give exoc	
OF INJURY	IF. HOW DID INJU	JRY OCCUR?		
(APPROX.) While At Work At Work				
22. I certify that (I) (this hospital) attended the deceased from	5 1	967. 10 J	ulv 12.	19 67.
that (I) (we) lost saw the deceased alive an July 12, 19	67.	of In(my) (our) opi		ستسلما معامم
17.		(y) () opi	on death acc	oried on the do
	ady offer death.		23 B. DATE SIGN	UED.
and hour and from the causes stated above. (1) (We) (did) (did not) view the b			230 DATE SIGN	
and hour and from the causes stated abave. (1) (We) (did) (did not) view the b	Med. —	Stoff	01	
and hour and from the causes stated above. (I) (We) (did) (did not) view the b	Director	Stoff Phys.	July i	12,1967.
and hour and from the causes stated abave. (I) (We) (did) (did not) view the b	Director	Sloff Phy s.	July !	12,1967.
and hour and from the causes stated abave. (I) (We) (did) (did not) view the b 23A. SIGNATORE 23C. PHYSICIAN'S NAME (Type) 23D. ADDR	Director L	Phy s.	July 1	12,1967.
and hour and from the causes stated abave. (I) (We) (did) (did not) view the b 23A. SIGNATURE Allending Phys. 23C. PHYSICIAN'S NAME (Type) Allending Phys. 23D. ADDR M.D. 213 Allending Phys. 23D. ADDR 213 A. BURIAL CREMATION, [248, DATE 24C, NAME of CEMETERY or CREMATORY	ESS Mary and	Phys.	July i	
and hour and from the causes stated abave. (I) (We) (did) (did not) view the b 23A, SIGNATURE 23A, SIGNATURE 23C, PHYSICIAN'S NAME (Type) 23D, ADDR Allending Phys. 23D, ADDR AM, D. 23D, ADDR AM, D. 24B, BURIAL CREMATION, 24B, DATE REMOVAL (Specily) 24C, NAME of CEMETERY or CREMATORY	ESS Mary land 24D, LC	Ava CATION (Ci	ity, lown, or coun	
and hour and from the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) view the beautiful and the causes stated abave. (I) (We) (did) (did not) (did n	ESS Maryland 24D, LC	Phy s.	ity, town, or coun	ty) (Stote)
and hour and from the causes stated abave. (I) (We) (did) (did not) view the band of the causes stated abave. (I) (We) (did) (did not) view the band of causes stated abave. (I) (We) (did) (did not) (did not) view the band of causes stated abave. (I) (We) (did) (did not) view the band of causes stated abave. (I) (We) (did) (did not) view the band of causes stated abave. (I) (All not) (did	Director	Ava CATION (Ci	e, Md.	ty) (Stote)

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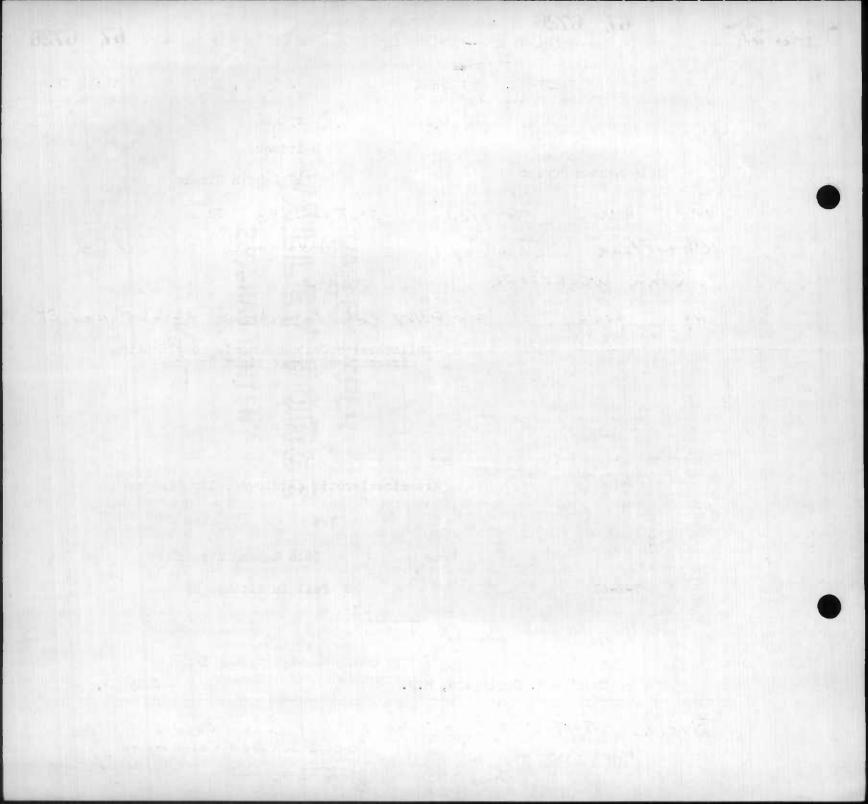
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67. 6726

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67. 6726

M.E	CASE NO.						
1. N (Typ	AME OF DEC e or Print)		RRY C.	WECKESSER		July 12, 1967	11:42 P.
3. Pl	ACE IN BALTI	MORE, MARYLAND,	WHERE PRONOL	INCED DEAD	4. USUAL RESIDI	NCE (Where deceased lived. If ins	titution: residence before odmission)
HOS	L NAME OF PITAL OR TUTION	(IF NOT IN HOSE ADDRESS OR LO		JTION, GIVE STREET	c. city or tow	aryland /N (If outside corporate limits, with altimore	Pe RURAL ond give township)
6	261	l6 Lehman S	treet			ESS (If rurol, give locotion) 616 Lehman Street	0
5. \$1	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
M	ale	White	MAR	DIVORCED (specify)	SEPT. 22	, 1893 10st birthdoy) 73	Months Doys Hours Min.
IOA. done		PATION (Give kind of working life, even if retired		BUSINESS OR INDUSTRY	11	State or foreign country) RY LAWL	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	E			14. MOTHER'S MA	AIDEN NAME	
		NEVER IN U.S. ARM		16. SOCIAL	AMM 16	7	ADDRESS
(Yes,	N6	(If yes, give wor or d	oles of service)	SECURITY NO. 216-05-7117	Matild.	WECKESSER 26	161 = huar st
	1B	04.0			OF DEATH	WEEKESSEL ME	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	Bilat	eral brone	chopneumonia compl	onset and DEATH
	heort foilure,	ot meen the mode osthenio, etc. It men oplication which couse	of dying, e.g., ons the discose,			upper right humeru	
No	DISEASES O	NTECEDENT CAU DR CONDITIONS, IF E ABOVE CAUSE (A) G CONDITION LAS	ANY, GIVING	(B) DUE TO			
CERTIFICATION	TO THE	II NIFICANT CONDITION DEATH BUT NOT CONDITION CAUS	RELATED TO T		sclerotic	cardiovascular di	Lsease
CERT	19A. DATE OF		ONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY	(Yes or No) 208. IF YES, WERE FIN CERTIFYING CAL	
JEDIC	TIA, EXTERNAL UNDERLYINA UTING CAUS	OR CONTRIB-	home etc.l	home, foctory, street, o	in or obout 21C. We office bldg., INJURY	HERE DID (If in Boltimore City, of Occur?)	give exact locotion)
	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Y	? V	TE. INJURY OCCURRED WHILE AT NOT	WHILE TY FO	ow did injury occur? 11 in kitchen of h	nome
	22.		Inquiry	TORK	RPT .	that on this basis, death In	
		red from: Notural		ccident X Suicid			
	ACTUAL		6 S.	I get M.D.	ASSISTANT MI	EDICAL EXAMINER X	DATE SIGNED
	EXAMIN NAME (T	ype) Charle		ngate, M.D.		EDICAL EXAMINER	July 13, 1967
REA	BURIAL CREATIONAL (Specify) BURIAL (Specify) BURIAL CREATION	4 7-17	7-67	CLEN HA	いもか	GLEN BURN	y, town, or county) (Stotel
24 A	. DATE REC'D	JUL 14 19	167 R.C.	S. E. FarleyM.	1 France	Schwab Kuneant	Huderick are



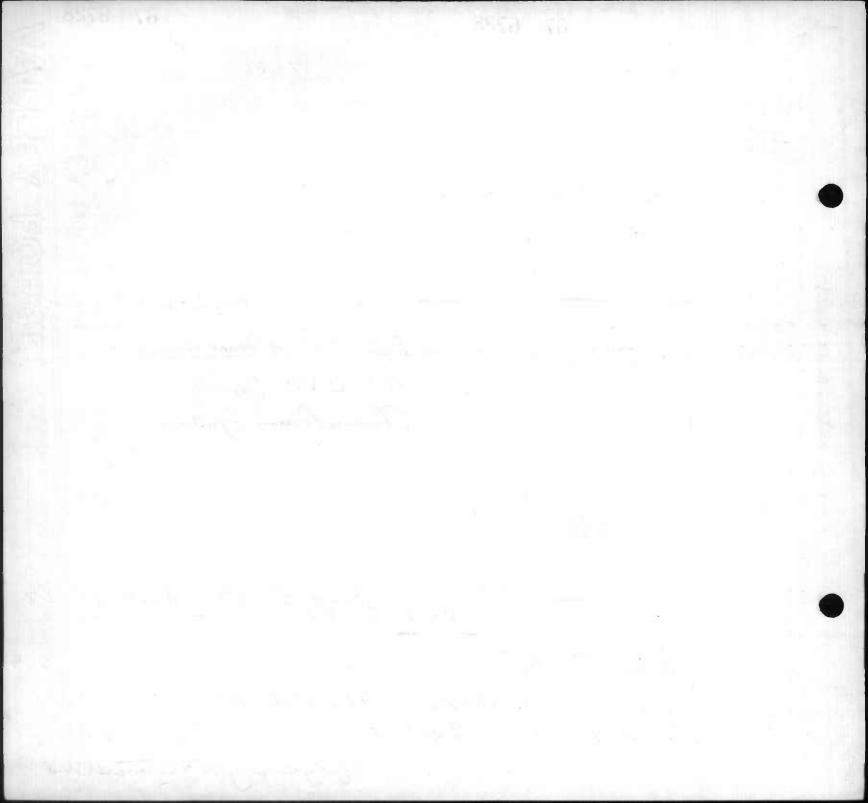
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	OP O	BALTIMORE CITY	HEALTH DEPARTMENT		OH OHOH
100	IN NO.	727 CERTIFICA	TE OF DEATH	Registered No	6/ 6/2/
1.1	E. CASE NO. NAME OF DECEASED ppe or Print)	XL al 1	2. DATE AN	DHOUR OF DEATH	7. 90
3,	PLACE OF DEATH IN BALTIMORE, MARYLAND	Hagao	4. USUAD RESIDENCE (Where A. STATE) B. COUN	e deceased lived. If ins	1 titution: residence before admission)
	FULL NAME OF (If not in hospital ar institution) NSTITUTION (If not in hospital ar institution)	on, give street	C. CITY OF TOWN JUF OUT		URAL and give loweship)
1	02804 Jist a	ive	D. STREET ADDRESS	wolf give location)	21-06
5.		HED, NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Onder 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND of dyring most of working life, even if retired)	OF BUSINESS OR INDUSTRY	W. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
6	Vatchman		Hallo		
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Luba.	the
	Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give war ar dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	18. 157 X 1	CAUSE O	F DEATH	auraes	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) Ca	remoner	Pencria	3 mos
	(This does not meon the mode of dying, heart failure, asthenia, etc. 11 means the dise	e.g., DUE TO	army dy dy dy arm herball commission dy dynas d a a d a d a d a d a d a d a d a d a		
	injury at complication which caused death.) ANTECEDENT CAUSES	(B)			
	DISEASES OR CONDITIONS, if ony, give	DUE TO			
	rise to the abave cause (A) stoting UNDERLYING CONDITION last,	lhe (C)		• • • • • • • • • • • • • • • • • • •	
ATION	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
FPTIEICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n at about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED While At Not While	21 F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Work At Work		1120 A	/ / / / / / / / / / / / / / / / / / / /
	22. I certify that (I) (this haspital) attended that (I) (we) last saw the deceased alive	00 0 = 11	13	of in(my) (per) opin	night death accurred on the date
	and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v	view the bady after death.		
	23A. SIGNATURE George Geeus	M.D. Atte	ending Med.	Staff Phy s.	grely 7-67
	23C. PHYSICIAN'S NAME (Type) SEORGE SAW	YER M.D.	23D. ADDRESS 4808	turpora	e Rel.
24	A SURIAL CREMATION 24B. DATE REMOVAL (Specify)	MAME OF CEMETERY OF CRI	EMATORY 24D. L.	Ballo (Cit	y, tawn, ar caunty) (State)
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	any Go	67 Harles
V	150-REV. 1/1/65	6 / 0	0 6 7 3 7		7.9

Westerne Soper 1877 90 Eulla 26 215-01-125 Michaelmohn 1

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11		BALTIMORE CITY	HEALTH DEPARTMENT	67. 6728
	RTH NO. 67 6	728 CERTIFICA	TE OF DEATH Registered N	o. 07. 0720
1.	NAME OF DECEASED		2. DATE AND HOUR OF DEA	TH
	ype or Print)		7/8/67 -	11:35 AM.
12	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whore decoosed lived.	11.33 AM.
113.	PEACE OF DEATH IN BALLIMORE, MARILAND		A. STATE B. COUNTY	I institution; residence before odmission)
- -			MARLY MAIN RAITIMAR	E
Ш	FULL NAME OF (II not in hospital or institute oddross or location)	tion, givo stroot	MARYLAND - BALTIMOR C. CITY OR TOWN (II outside city limits, we	_
Ш.	INSTITUTION		C. CITY OR TOWN (II outside city limits, we	to RURAL and give township)
11/			BALTIM ORE 2125 D. STREET ADDRESS (If rurol, give locotion)	9 -04
4	BON SECOURS HOSP,	ITAL	D. STREET ADDRESS (If rural, give location)	
- 11			1110 Daguettell	140
			405 ROCK GLEN R	
5.	SEX 6. RACE 7. MAR	RIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yours	Months Days Hours Min.
11	FEMALE CAUCASIAN	OWED, DIVORCED (specify)	10-12-1877 lost birthdoys	Month's Doys Hours Min.
	PALE CAUCASIAN A. M. USUAL OCCUPATION (Give kind of work 108, KIN	MARCIED	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	DA, USUAL OCCUPATION (Give kind of work) 10 B, KIN one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY		WHAT COUNTRY?
ll ac	N 3 , NZ		BALTIMORE, MARYLA	18) 11 1 ===============================
				UNITED STATES
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
			, and	
	HUGUST HESSLER		EMMA MOSEMANN	
15	A U G U S T H E S S L E R, 5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (III yes, givo wor or dolos ol sorv	ico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
11,.	as, no or onknown, myes, give wer or deless or serv	SECORITI NO.	Dia Firth Carl	-0 124 00
			Ito antiente Compron-	405 Kochsking
	18. 4 22 , 11	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			ONSET AND DEATH
- 11	LEADING TO DEATH	PA	VCUMONIA-HEART FA	illipe
	(This does not mean the made of dying,	e.g., DUE TO		
ļ	heart failure, asthenia, etc. It means the disc			
	injury ar camplication which caused death.)	A	SCVD-Contin	/
11	ANTECEDENT CAUSES	(B)	C V O DESTANDA	C/
	DISEASES OR CONDITIONS 1/	DUE 10	5 C VO - Cerembije hronie Brewi Synch	
	DISEASES OR CONDITIONS, if any, gi	the	money Breeze Dumb	and.
-	UNDERLYING CONDITION lost.	(0)		
11.	_ 11			
113	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO			
I S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE		
1 5	19A. DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No) 20B. IF YES, WE	RE FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
		Total at the partition of		2
	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, larm, lactary, straet, a	of obout 1 C. WHERE DID IT IN Botte	more City, give exact location)
	DEATH (notify modical examiner)	otc.)		
115	21D. TIME (Month) (Doy) (Your) (Hour)	015		
	JIZID: HALE (MONTH) (DOY) (1001) (NOUI)	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
l N	U OF INITION			
l N		While At Not Whi	le	
I N	OF INJURY	While At Not Whi Work At Work		
l N	OF INJURY	Work At Work	16 19 67 to	JULY 8 1967.
l N	OF INJURY (APPROX) 22. I certify that (1) (this hespital) attended	Work At Work	JULY 5 1967 to	
l N	OF INJURY (APPROX.) 22. I certify that (I) (this hampital) attend that (I) (we) lost saw the deceased alive	led the deceosed from an ULLY	1067 5 1967 to 7 1967 and that in (my) (
l N	OF INJURY (APPROX) 22. I certify that (1) (this hespital) attended	led the deceosed from an ULLY	1067 5 1967 to 7 1967 and that in (my) (
l N	OF INJURY (APPROX.) 22. I certify that (I) (this hampital) attend that (I) (we) lost saw the deceased alive	led the deceosed from an ULLY	1067 5 1967 to 7 1967 and that in (my) (
l N	OF INJURY (APPROX.) 22. I certify that (I) (this hampital) attend that (I) (we) lost saw the deceased alive and haur and from the causes stated above.	led the deceased from an JULY ve. (I) (We) (dId) (did not)	JULY 5 19 6 7 ta 7 19 6 7 and that in (my) (ew) view the bady after death.	opinian deoth occurred an the date
l N	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) lost saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE ACM T. Hay	ded the deceosed from	View the bady after death. And Andrew Phys. Director Phys. D	opinian deoth occurred an the date
l N	22. I certify that (I) (this hamital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C/PHYSICIAN'S	led the deceased from an JULY ve. (I) (We) (dId) (did not)	JULY 5 19 6 7 ta 7 19 6 7 and that in (my) (ew) view the bady after death.	opinian deoth occurred an the date
l N	OF INJURY (APPROX.) 22. I certify that (I) (this haspital) attended that (I) (we) lost saw the deceased alive and haur and from the causes stated above 23A. SIGNATURE ACM T. Hay	led the deceased from an JULY ve. (I) (We) (dId) (did not)	view the bady after death. And Med. Stoff Phys. 23D. ADDRESS	opinian deoth occurred an the date
244	22. I certify that (I) (this hamital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo)	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) Att Att Att Att Att Att Att	(104/5 1967 ta	23B, DATE SIGNED July 8, 1967 BLBC 21201
244	22. I certify that (I) (this hamital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) 1A. BURIAL CREMATION, 124B. DATE 124	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) Att Att Att Att Att Att Att	view the bady after death. And Med. Stoff Phys. 23D. ADDRESS	opinian deoth occurred an the date
244	22. I certify that (I) (this hamital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo)	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) Att Att Att Att Att Att Att	(104/5 1967 ta	23B, DATE SIGNED July 8, 1967 BLBC 21201
24	22. I certify that (I) (this hapital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) (A. BURIAL CREMATION, REMOVAL (Spacify) REMOVAL (Spacify) 7-11-67	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) At M.D. Att Phy AT MAN M.D. C. NAME of CEMETERY or CR Cathalase	Color Staff Phys.	23B. DATE SIGNED July 8, 1967 BLDC 21201 (City, town, ar county) (State)
24	22. I certify that (I) (this hapital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) (A. BURIAL CREMATION, REMOVAL (Spacify) REMOVAL (Spacify) 7-11-67	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) Att Att Att Att Att Att Att	(104/5 1967 ta	23B, DATE SIGNED July 8, 1967 BLDC 21201
24	22. I certify that (I) (this hapital) attend that (I) (we) lost saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) (A. BURIAL CREMATION, REMOVAL (Spacify) REMOVAL (Spacify) 7-11-67	work At Work led the deceosed from on JULY ve. (I) (We) (dld) (did not) At M.D. Att Phy AT MAN M.D. C. NAME of CEMETERY or CR Cathalase	Color Staff Phys.	23B. DATE SIGNED July 8, 1967 BLDC 21201 (City, town, ar county) (State)



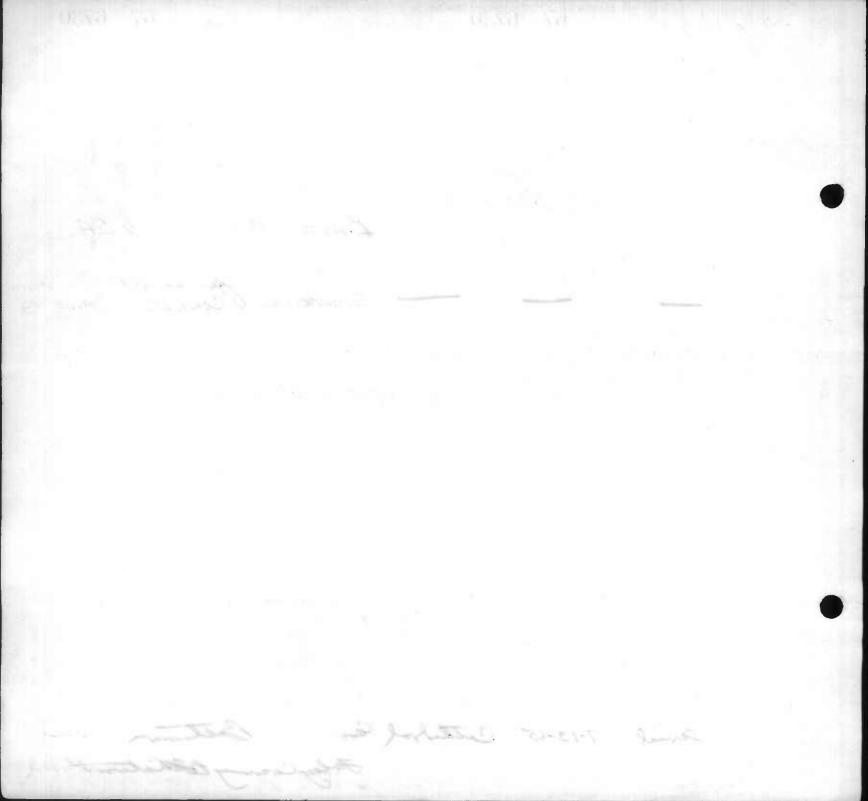
	Y HEALTH DEPARTMENT	0H 0H00
BIRTH NO. M.E. CASE NO. 67 6729 CERTIFICA	TE OF DEATH Registered No.	67 6729
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH	
EMMA LOUISE FIFER	\$\frac{1}{2}\frac{1}{2	57 1:45 AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu A. STATE B. COUNTY	tion: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	Bullo Co
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA	L ond give township)
CT ACNEC HOCDITAL	BALTIMORE	53-00
ST AGNES HOSPITAL	D. STREET ADDRESS (If turol, give location)	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In years If	
FEMALE WHITE SEPARATED	09/26/01 lost birthdoy Mi	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
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3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0 0
FRANK BALLADARSCH	MARY HERTZIG	
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(This does not mean the mode of dying, e.g., DUE TO	1	
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and hour and fram the sayses stated abaxe. (Now) (Nid) (did not)		
23A. SIGNATURE LOWM PRINTING		L DATE SIGNED
Ph	ys. Director Phys.	7/10/67
23 C. PHYSICIAN'S NAME (Type) CEODOE DATE LOW	23D. ADDRESS	
	ST AGNES HOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City. I	own, or county) (State)
Swind 7-14-67 Worklaws	exceleres (alacil d	1 Nouse (81
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in c	the body was released to the hospital by a medical examiner. Also, if the direct or contributing co	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause	was D.O.A. at a hospital (except where the physician who pronounced death was in regular atter	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior t	written approval must be obtained before the remains are embalmed or final disposition is made.
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f d ece on h.	O'COMNOY, MYS. Eleanor B. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUA	L RESIDENCE (Where deceased lived, if institution; residence before admission)
<u>u</u> u	A. STATI	E B. COUNTY
hos Se (5) an de	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location)	OR TOWN (If Sutside city limits, write RURAL and give township)
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9 - 8 - 5 >	23C. PHYSICIAN'S NAME (Type)	RESS
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	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify)	24D. LOCATION (City, town, or county) (State)
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	_	(APPROX)	At Work			
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that XI) (we) last saw the deceased alive on JULY 9						
that XI) (we) last saw the deceased alive on		23A. SIGNATURE W. M. CARLA				238. DATE SIGNED
23A. SIGNATURE 23B. DATE SIGNED		V/ Kaller	M.D. Attendi	ing Med. Director	Stoff Phys.	7/9/67
and haur and from the causes stated abave. (We) (did) (XXXI) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Stoff C		23C. PHYSICIAM'S NAME (Typo)	231	O. ADDRESS		11 11
and haur and from the causes stated abave. (We) (did) (XXXt) view the bady after death. 23A. SIGNATURE M.D. Attonding Med. Stoff Phys. Director Phys. 123D. ADDRESS		GABRIELARAMIND BRAUN	M.D.	ST AGNES HOS	PITAL	
and haur and from the causes stated abave. (We) (did) (XXX) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Stoff Phys.	44	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMEN	TERY OF CREM	ATORY 24D. LO	CATION (C)	ty, town, or county) (State)
and haur and from the causes stated abave. (We) (did) (XXX) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. Phys. Phys. Director Phys. Phys. BADDESS NAME (Typo) CABRIELA PLANTAGE BRAUN M.D. ST AGNES HOSPITAL 24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY or CREMATORY 124D, LOCATION (City, Inwa. or county) (State)	,	Berial 7-13-67 Landons	fork	Cem.	Dalten	in mid.
and haur and from the causes stated abave. (We) (did) (XXX) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Phys. 1 23C. PHYSICIAN'S NAME (Typo) CABRIELAR BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)	ZSA	A. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR		ADDRESS
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and haur and from the causes stated abave. (We) (did) (XXX) view the bady after death. 23A. SIGNATURE M.D. Attending Med. Director Stoff Phys. P 7967 23C. PHYSICIAN'S NAME (Typo) CABRIELAR BRAUN M.D. ST AGNES HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 713-67 Caudon Green Cemeters of Cemeters	VS	150-REV. 1/1/69			1	

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(4) Undetermined cause; (5) Deceased or contributing cause attend prior occurred regular is mad deceased death isposition Ξ. SDM the death no O kind; final attendance dny pronounced OF embalmed fracture of 9 regu who are 4 ල physician the remains MOS burns; physician Body the O before 2 where to the hospital o Z any nature; be obtained 9 approved (except pup of eath) hospital he body was released must An accident certificate must T 0 approval 0 prior to D.O.A. shows: (1) eceased decease SDM

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) WARREN 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION GENERAL HOSPITAL BALTIMONE D. STREET ADDRESS (If rural, give location) Carliste Avenue AGE (In yours 7. MARRIED, NEVER MARRIED B. DATE OF If Under 1 Yr. Months: Doys If Under 24 His. 5. SEX 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy) Female MIDOWED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA CE (Stoto or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND NENG Housewife USCA 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME RICHADDSON THOMAS JONES 15. Was Doceased Ever in U. S. Armed Forces: 17. INFORMANT ADDRESS 6. SOCIAL (Yos, no or unknown) (If yes, give war or dotes of sorvice) SECURITY NO. NO 216-46-3194 Mr Philip Warren 8925 Carlisle Avenue 18. 4 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injuly of complication which coused death.) HF with Pulminary Edena ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) stoling the UNDERLYING CONDITION last. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) homo, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (notify modical examined) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last sow the deceased alive on 19 and that in(my) (aur) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Mod. Stoff Phys. Director Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type 24A. BURIAL CREMATION. 24D. LOCATION REMOVAL (Specify) Burial 7-14-196 Parkwood Cemetery Baltimore 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT 25C, FUNERAL DIRECTOR VS 150-REV. 1/1/65

- SER 570 MURREN CETTAL GNAKTANKIN. PROPERTY SENERAL HOSPITAL BALTEMORE 74- WWW 0595 18/20/81 86 Female While wipowers MARRYCAND WANT. HELLER RICHARDSON THOMAS JONES ASCVD CHF with Palmony Edma

Pilland H. Romel

7/20/67 8:40

BALTIMORE CITY	Y HEALTH DEPARTMENT	OPION
BIRTH NO. 67. 6733 CERTIFICA	ATE OF DEATH Registered No.	0/ 6/33
M.E. CASE NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	007
GROSS, VAVID	7-11-67	J- AM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fixed, If instituti	on: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
HOSPITAL OR oddress or location)	C. CITY OR, TOWN (If outside city limits, write RURA	L ond give township)
SINAI HOSP OF BALTIMORE	BALTIMORE	27-17
11 = INC.	D. STREET ADDRESS (If rurol, give location)	
42	2715 CHLER AVE	15
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		Under 1 Yr If Under 24 Hrs.
MA/E CAUC. WIDOWED, DIVORCED (specify)	VAN 8,23 lost birthdoy) 444 Ma	nths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
	7. 9. N. 9	1161
13. FATHERS NAME AEP	14. MOTHER'S MAIDEN NAME	154/25/4769
Benjamin Grosshaudler	Dora Itz Kowitz	Bronx, ny
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS ~
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	a from the o he	2/13
0/5-76 655	WIPE, Merrice In	ess aller a
18. 420,/1 CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	/2	12
(This does not mean the mode of dying, e.g., DUE TO	REMIA	12 HRS
heart foilure, astherio, etc. It means the disease,	7	
injury or camplication which caused death.)	ENAL TAILURE	48405
ANTECEDENT CAUSES OUE TO		
DISEASES OR CONDITIONS, if any, giving	Lange Times	\$ DAYS
rise to the obave cause (A) stoling the (C) 179 UNDERLYING CONDITION last.	OCARDIAL INFARCTION	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U 194 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDS	NGS CONSIDERED
NONE WAS PERFORMED NONE	IN CERTISVING CALLEES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID . Alf in Baltimore City	, give exact location)
OR CONTRIBUTING CAUSE OF home, larm, foctory, street, of DEATH (notify medical exominer)	office bldg., INJURY OCCUR?	
<u>v</u>	700	
OS IN HIPY	21F. HOW DID INJURY OCCUR?	
)		
(APPROX.) While At White At Work Wark	No	
(APPROX.) No While At Work At Work	19 67 to 7-1	1967
22. I certify that (I) (this hospital) attended the deceosed fram	7-7 19 67 10 7-1	
22. I certify that (I) (this hospital) attended the deceased framthat (I) (we) lost saw the deceased alive an	7-7 19 67 to 7-1 19 67 and that in(my) (aux) aplaion	
22. I certify that (I) (this hospital) attended the deceased fram	19 67 and that in(my) (aux) aplaion view the body after death.	death accurred an the date
22. I certify that (I) (this hospital) attended the deceased fram that (I) (was) lost saw the deceased alive an and haur and fram the causes stated abave. (I) (Was) (did) (did not) 23A. SIGNATURE	19 67 and that in(my) (aux) aplnion view the body after death.	death accurred an the date
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22. I certify that (I) (this hospital) attended the deceased fram	19 6 7 and that in(my) (aux) aplnion view the body after death. Indiana	death accurred an the date
22. I certify that (I) (this hospital) attended the deceased fram	19 67 to 7-1 19 67 and that in(my) (aux) aplaion view the body after death. Tending Med. Stoff Phys. 238. 238. 238. 230. ADDRESS SINAI HOSP OF BALTIMORE	DATE SIGNED 7-11-67
22. I certify that (I) (this hospital) attended the deceased fram	19 67 to 7-1 19 67 and that in(my) (aux) aplaion view the body after death. Tending Med. Stoff Phys. 238. 238. 238. 230. ADDRESS SINAI HOSP OF BALTIMORE	death accurred an the date
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22. I certify that (I) (this hospital) attended the deceased fram that (I) (was) lost saw the deceased alive an and haur and fram the causes stated abave. (I) (Was) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) M.D. Att Phy 24A. BURIAL CREMATION, 24B. DATE 24A. BURIAL CREMATION, 24B. DATE 25B. NAME OF REGISTRAR	19 67 to 7-1 19 67 and that in(my) (aux) aplaion view the body after death. Tending Med. Stoff Phys. 238. 238. 238. 230. ADDRESS SINAI HOSP OF BALTIMORE	DATE SIGNED 7-11-67 Live
22. I certify that (I) (this hospital) attended the deceased fram that (I) (wo) lost saw the deceased alive an and haur and fram the causes stated abave. (I) (Wo) (did) (did not) 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PARKER M.D. Att Phy 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY at OTHER CONTRACTOR (Specify) 24A. BURIAL CREMATION, 24B. DATE 24C NAME of CEMETERY at OTHER CONTRACTOR (CONTRACTOR)	19 67 to 7 - 19 67 to 19 67 to 19 67 to 19 67 and that in(my) (and) aplaion view the body after death. Idending Med. Stoff Phys. 19 23B. 23B. ADDRESS SINAI HOSP OF BACTIMORE EMAJORY SINAID LOCATION (City, to	DATE SIGNED 7-11-67 Live wn, or county) (State)

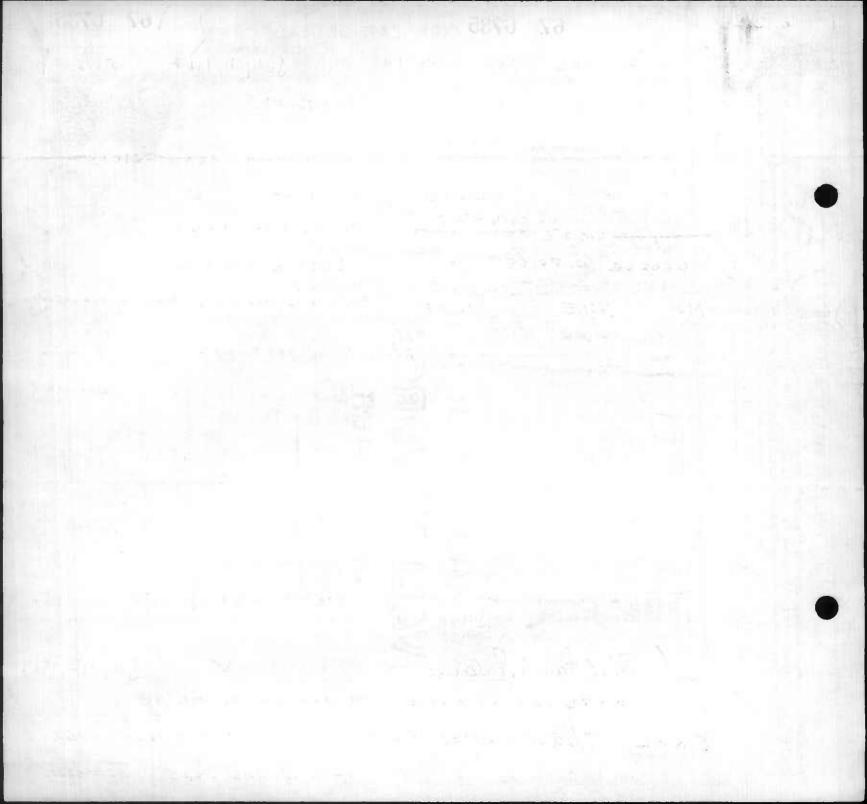
Benjamin Grantes Her Duron ITHOUTH FOR THE The west

This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause of death shaws: (1) An accident af any nature; (2) Bady burns; (3) A fracture af any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a haspital (except where the physician who pranaunced death was in regular attendance on the deceased prior ta death. Such written appraval must be obtained before the remains are embalmed ar final disposition is made. FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY HEALTH DEPARTMENT
	IRTH NO. 67-13222-67. 6734 CERTIFICATE OF DEATH Registered No. 67 6734
1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1 2 - D
3	PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Whore decosed lived. Il institution: residence before admission)
	A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
11	1 (2 Otto o VM)
	UNION MEMORIAL HOSPITALD. STREET ADDRESS III rusol, the location)
5	SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. , If Under 24 Hrs.
	WIDOWED, DIVORCED (specily) 12 Warm Months Doys Hours Min. 12 Warm
	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT-COUNTRY?
	child Manyland. avot
	3. FATHER'S NAME
	Elbert Cooke Unity
	5. Wos Deceased Ever in U. S. Armed Forces? (es, no or unknown) (III yes, givo wor or doles of service) 16. SOCIAL SECURITY NO.
-	18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY Civil Lewwagee Fruit of DEATH
	LEADING TO DEATH (A) Respiration ARREST. 16 hours
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
	ANTECEDENT CAUSES (B) (B)
	DISEASES OR CONDITIONS, il any, giving
	rise to the obove cause (A) stating the UNDERLYING CONDITION last.
	II Man Danie Le
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
	DISEASE OR CONDITION CAUSING II.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not IN CERTIFYING CAUSES OF DEATH?
	21 B. PLACE OF INJURY (e.g., in or obout 2] C. WHERE DID (It in Boltimoro City, give exect lecotion) OR CONTRIBUTING CAUSE OF Company Co
	OF INJURY While At Not While
	Work At Work
	22. I certify that (I) (this hospital) attended the deceased fram 19 19 10 19 10 19 19 10
	and hour and from the couses stated obove. (1) (We) (did not) view the body ofter death.
	23A. SIGNATURE
	M.D. Attending Med. Stoll 7-11-67
	23C. PHYSICIAN'S PAME (Type)
1	44 JURIAL CREMATION, 24B. PATE / 24G. NAME OF CEMETERY OF CREMATORY 24D. ACCATION (City, town, or county) (State)
	REMOVAL (Specify) 7/9/67 More Pared - 1 Buttoned
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 35C. FIDERAL DIRECTOR ADDRESS
	7111 1 4 1967 P. C. F. & Fallon Milbellurary 6067 Harford Cd
V	\$ 150-REV. 1/1/65

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11	0.50	01010	BALTIMORE CITY	HEALTH DEPARTMENT	(4	67 6725
	TH NO. 67	673	5 CERTIFICA	TE OF DEATH	Registered No.	67. 6735
1, 1	NAME OF DECEASED		LORETTA		D HOUR OF DEATH	15:15 PM
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND			e deceased lived. If in	stitution: residence before admission)
11 .	FULL NAME OF (If not in hospital OR oddress or location INSTITUTION	or institution, g	ive street	C. CITY OR TOWN (If our	side city limits, write I	
11.	The UNION MEMORIA	di Nos	PITAL	D. STREET ADDRESS (IF	rurol, give location)	33-00
					K ROAD	21093
	Fem 6. RACE WHITE	WIDOWED	NEVER MARRIED , DIVORCED (specify) RRIED	05-31-06	9. AGE (In years lost birthdoy) 61	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind of world a during most of working life, even if retired)		HUME HOME	11. BIRTHPLACE (Stote or foreing	gn country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	1		14. MOTHER'S MAIDEN NAM	ME	
	GEORGE W. PI			LOTTIE	COUGLE	
15. (Ye	Was Deceased Ever in U. S. Armed Fores, no or unknown) (II yes, give wor or date	ces? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- 1	ADDRESS
	NO NONE		NONE	FRIEDEL, M	R Louis 20	69 YORK ROAD - THONIS
	DISEASE OR CONDITION DI	DECTLY	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	KECILT	IAI ACUT	E PULMONARY E	EDENA	2 hours
	(This does not mean the mode of heart failure, asthenia, etc. 11 means	the diseose,				
	injury or complication which caused		(CON	GESTIVE HEHR	T FAILURE	3 MONTHS ?
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if		DUE TO			
	rise to the above couse (A) UNDERLYING CONDITION tost.		(C)			
ATION	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING	ATED TO THE				
CERTIFIC,	19A. DATE OF OPERATION 19B. CON WAS PER		HICH OPERATION	20 A. AUTOPSY? (Yes or No.	10 208. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
AL CE	OR CONTRIBUTING CAUSE OF	21B. home etc.)	PLACE OF INJURY le.g., in e, lorm, foctory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location?
MEDIC	OF INTURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	(APPROX)	Worl				
	22. I certify that (1) (this haspital	l) attended th	e deceased fram Ju	Ly 11+4 1	1967 10 121	
	that (I) (we) last saw the decease				at in(my) (aur) api	nian death accurred an the date
	23A. SIGNATURE	ted abave. (I)	(We) (did) (did nat) v	iew the bady after death.		23B. DATE SIGNED
	1/1/3: 10 50:	ch Xa	On M.D. Atte	nding Med. Director	Stoll Phys.	(uly 11th, 1967
	23C. PHYSICIAN'S NAME (Type)	Carro ac		23D. ADDRESS		
	MIGUEL S	ANCHE	2-PALACIOS M.D.	THE UNION MEMO	DRIAL HOSPIT	7 L
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 7/15/	67 DUL	ME OF CEMETERY OF CRE		COCKEYSU	ly, town, or county) (Stote)
25	A. DATE REC'D BY HEALTH DEPT.	25B. NAME O		25C. FUNERAL DIRECTOR		ADDRESS
		P. Pout	EZ Faiberna	180kg 150g	ns SONS	lowson.
S	150-REV. 1/1/65					



SOUTHERN

C. FUNERAL DIRECTO

UBLIN

-13-67

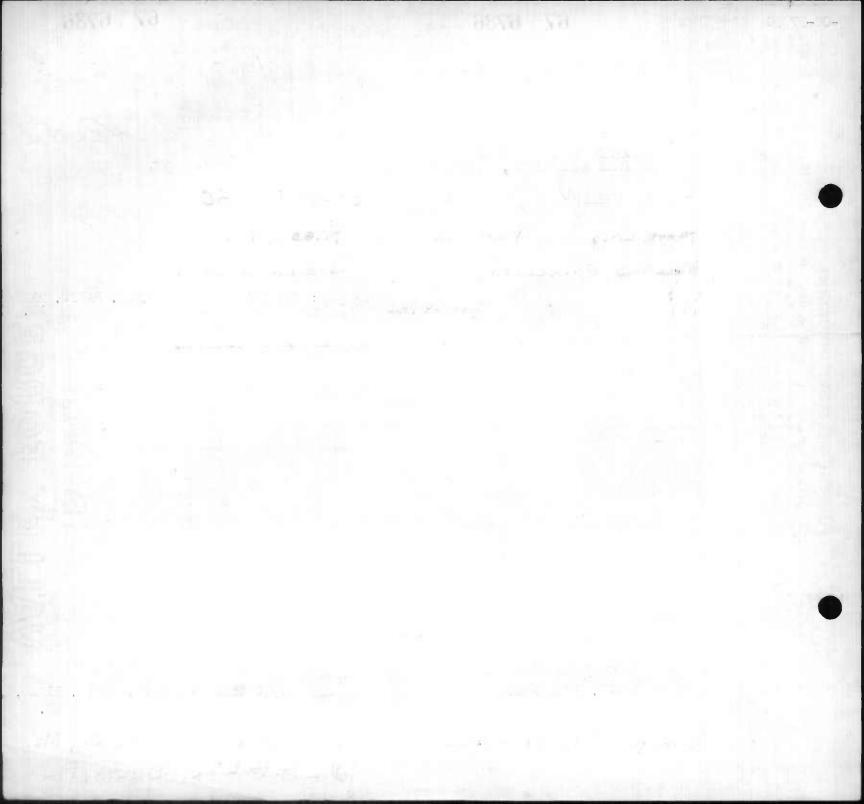
Was

25A. DATE REC'D

VS 150-REV. 1/1/65

DUBLIN

HAME OF MEGISTRAR



67. 6	BALTIMORE CITY	HEALTH DEPARTMENT		OF OFIGE
BIKIH NO.	CERTIFICA	TE OF DEATH	Registered Na	6/ 6/3/
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) ELIZABETH M.	moduind		HOUR OF DEATH	5-45
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	71100011010		deceased fived. Il in:	stitution; residence before admis
FULL NAME OF (If not in hospital or institution) FULL NAME OF (If not in hospital or institution) Oddress or location)	ution, give street	C. CITY OR TOWN (II outs		URAL and give township)
MERCY HOSPITA	4L		tral, give lacation) TERFIEL)	26.0
3/	DOLED MENER ANADRED	0,01		
F W WID	RRIED, NEVER MARRIED OWED, DIVORCED (specily)	1-12-83	ast birthday	If Under 1 Yı. II Under 24 Months Doys Hours M
OA. USUAL OCCUPATION (Give kind of work 10 B, KIP done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore, Mo	1.	
JOHN WERNSDOR	PFER	ELIZA BE	TH SCI	HAROLD
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (II yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	218-54-3909	Elizabeth Bau	er, dght.	above
18.4-20,11	CAUSE O			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	11 11	1 A - 6	-71-	
(This does not meen the made of dying,	e.g., DUE TO	A - thrombi no cardial is bronay artes		
heart failure, asthenia, etc. It means the dis injury ar camplication which coused death.)	sease,	my cardial i	mfarche.	in 1 year
ANTECEDENT CAUSES	(8) 2	oronary arter	y diseas	9 / / - ~
DISEASES OR CONDITIONS, if any,			V	
rise to the above cause (A) stoling UNDERLYING CONDITION last.	the (C) /W	eumatoit a	Talles se	ver.
II	drydia	train arome		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., i home, loim, foctory, street, o etc.)	n or about 21C, WHERE DID lfice bldg., INJURY OCCUR?	(II in Baltimore	City, give exact locotion)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	le		
22. I certify that (I) (this haspital) atten	ded the deceased from 17-		66 to 7-	19.6
that (1) (we) last saw the deceased alive	on 7-13-			nian death accurred an the
and haur and from the causes stated abo		· · · · · · · · · · · · · · · · · · ·	-	
23A. SIGNATURE				23 B. DATE SIGNED
gravia U- a	M.D. Att	ending Med. Director	Stalf hys.	7-13-47
23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		
1.00.1 1 111	M.D.	MERCY F	fospita?	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO		ly, town, or county) (Sto
Burial 7/15/67	Holy Redeemer	Cemetery Ba	altimore,	Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	Schimunek I	Funeral Ho	ADDRESS
JUL 14 195/ (1) VS 150-REV. 1/1/65	Vine D. E. Ville Vine Pul	3331 Brel	nms Lane	
V3 13V-NEV. 1/1/03	6 1	0 / 1 /		

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(5) Deceased of death

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(4) Undetermined

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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH or (Type or Print) MRS.FRANCES CRIST- Giancristoforo 7/11/67 P.M. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY 1405 BANK STREET FULL NAME OF (If not in hospital or institution, give street C. CITY OR TOWN (If outside city limits, write RURAL and give township 0 INSTITUTION CHURCH HOME AND HOSPITAL OF D. STREET ADDRESS rural, give location) 100 NORTH BROADWAY pri made. 7. MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. ased WIDOWED, DIVORCED (specify) last birthday Months Doys Married 1/20/1897 10% USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 2. CITIZEN OF disposition done during most of working life, even if retired)
Housewife WHAT COUNTRY? ITALY RETIRED U.S.A. O 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME ANTHONY DELLA VIOLA MARY MACCALA LO 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Joseph Crist-husband, above no 216-01-4397 ABSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost. the remains SDM CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Cian DISEASE OR CONDITION CAUSING IT. 20A. AUTOPAY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION CERTIFI 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 1-25-67 TALL 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF AL °Z DEATH (notify medical examined) MEDI obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) and 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an. eath) and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE T M.D. Attending Med. Stoff 10 Phys. Director Phys. approval prior 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type M.D eceased

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (our) apinian death accurred an the date 238, DATE SIGNED 24A. BURIAL CREMATION. 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial Gardens of Faith Cemetery Baltimore, Md. 25A, DATE REC'D BY HEALTH DEPT. Schimunek Funeral Home 25B. NAME OF REGISTRAR ADDRESS 333I Brehme VS 150-REV. 1/1/65

If Under 24 Hrs.

Hours

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH atherenistic bude devales Derent unit Leabelle 10# Hat William Palmerer if there litery reducer . He artento D. I Hudeason

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approved must be obtained before the remains are embalmed or final disposition is made.

67 6	739 BALTIMORE CITY	HEALTH DEPARTMENT		67 6739
RTH NO.	CERTIFICA	TE OF DEATH	Registered No.	07 0700
Type or Print) FRANK	BERNAT		7-10-67	11:40 p.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, thir	nstitution: residence before admission
The state of the s		A. STATE Md. 2	21205	
FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	tion, give street			RURAL ond give township)
INSTITUTION		Balto.		7-01
35 Church Hor	as of Hose	- A	rurol, give location)	
			in wood	
	OWED DIVORCED (specily)	7/14/74	9. AGE (tn years lost birthdoy)	Months Doys Hours Min
OA, USUAL OCCUPATION (Give kind of work 10B, KIN one during most of working life, even it retired)			ign country)	12. CITIZEN OF WHAT COUNTRY?
Tailor Harfor	d Tailoring (C3FC1SLOV	InKiA	AMERICA
3. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	MIKAICH
JACOB BERNAT		7		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown) (II yes, give wor or dates of serv	218-03-6210A	Miss Helen	Bernat.do	ht.above
18. #100 VI		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		0		ONSET AND DEATH
LEADING TO DEATH	(A)	Priums nia	belat.	new day s
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis		7	•••••	
injury or camplication which coused death,)				
ANTECEDENT CAUSES	DUE TO		CONTRACTOR	***************************************
DISEASES OR CONDITIONS, if any, g				
UNDERLYING CONDITION last.	lhe (C)		======================================	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING CONTRACTOR	A Arterioselevo	5/5	
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A, AUTOPSY? (Yes or No		FINDINGS CONSIDERED
WAS PERFORMED	TOR WHICH OFERATION	AUTOF31: tres of the	IN CERTIFYING CA	USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED	21 B. PLACE OF INJURY (e.g.,	n or obout 21C, WHERE DID	(II in Boltimor	e City, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, loctory, street, o	Iffice bldg., INJURY OCCUR?		
O	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	While At Not Whi	le 🗀		
	Work At Work	A		11 11
22. I certify that (1) (this hospital) attend		gorly 7	19 6 7 to	July 10 1967
that (I) (we) lost saw the deceased alive	an yuly 10	19 0 7 ond th	ot in (my) (our) opl	Inion death occurred on the
and hour and from the couses stated aba	ve. (1) (We) (did) (did not)	view the body ofter deoth.		
23A. SIGNATURE	On do and All	ending Med.	Stoll -	23 B. DATE SIGNED
- Kodelio	AM. Of M.D. AH	rs. Director	Stoll Phys.	7-10-67
23C. PHYSICIAN'S NAME (Type) Podelio M-	Lin M.D.	23D. ADDRESS CHH		
24A. BURIAL CREMATION, 24B. DATE 2	C. NAME of CEMETERY OF CE	EMATORY 24D. L	OCATION (C	ity, fown, or county) (State
REMOVAL (Specily) 7/14/67	Bohemian Natio	onal Cem. Ra	altimore,	Md.
	ME OF RECHSTRAN		3	ADDRESS
JUL 14 196/ (1)	DE Janouma	Schimunek 1	uneral Ho	ome, Inc.
\$ 150-REV. 1/1/65	2 2 2 3	0 7 79		

Church hom + long. 728 N Lin wood 28 44/41/2 CBECHSLOV OKIA Feet, 174 JACOB BERNAT Process on Salat her day 3 Comming between poly ? so goly 10 so a legal

7-10-52

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Rodolia W. Lini

-15-67

HEALTH, DEPT.

SALTIMORE

25B. NAME OF REGISTRAR

RIPTH NO.

(Type or Print)

M.E. CASE NO.

3. PLACE OF DEATH IN BALTIMORE MARYLAND

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Was

BURIAL 25A. DATE REC'D

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

MILBURN

RTIFICATE OF DEATH

-6 ALM. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY (If outside city limits, write BLIRAL and give Jownship) If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact facation) and that In (my) (our) opinion death occurred on the date 23B. DATE SIGNED 25C, FUNERAL DIRECTO ADDRESS

Registered No.

2. DATE AND HOUR OF DEATH

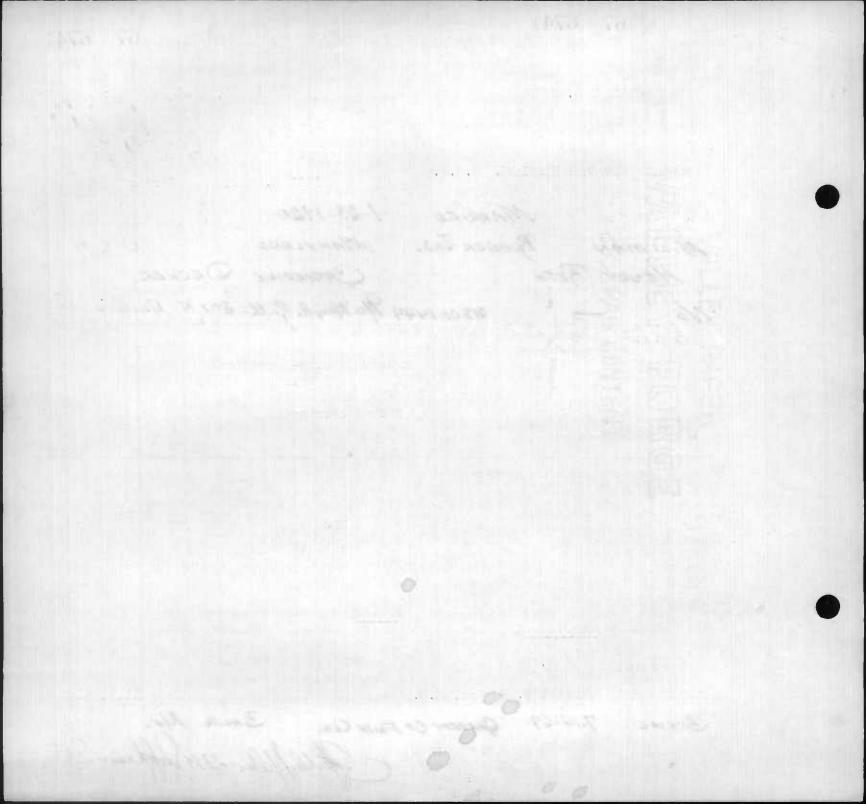
2319 MANAGER TO STORY HAVE ALK

67 6741 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered N67 6741

M.E.	CASE NO.	10							
	AME OF DECEASED					2. DATE AN	D HOUR PRONOUNCE	D DEAD	
		T L. RU	тн			Tul	v 11. 1967		9:47 pm.
3. PL	ACE IN BALTIMORE, MA			OUNCED DEAD	A. STATE	EN CE (Where	deceased lived. If insti B. COU	tution: resid	
HOS		IN HOSPITA		TTUTION, GIVE STREET	c. CITY OR TO	land WN (If outsid	e corporate limit, write	RURAL on	d give to waship)
3	CHURCH HOME	AND HO	מדתאד אידים	D.O.A.	Baltim D. STREET ADD		give location)	9	
41	CHOKOH HOLE	MIND HO	DITIM	D.O.M.	2	122 E.	Baltimore St	treet	
5. SE	6. RACE			D, NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthday)	If Under	1 Yr. If Under 24 Hrs. Doys : Hours , Min.
Ma	ale White		MIDOWED	ARRIED	1-23-1	920	47	IVION HIS I	Doys Hours , Min.
10A. L	SUAL OCCUPATION (GI		IOB KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreig		12. CITIZE	
done	during most of working lile, e		RUB	BER IND.	MAR	YLAND			COUNTRY?
13. FA	THER'S NAME				14. MOTHER'S M	AIDEN NAM	E		
	HENRY	KUTI	4		CATA	HERINE	- WECK	ER	
	AS DECEASED EVER IN no or unknown) (If yes, give			16. SOCIAL SECURITY NO. 213.01-1449	Mrs. Hary	A. Rut	4-801 N.	Made	iria ST.
1	B. 1 V 1 O				OF DEATH	/			INTERVAL BETWEEN
	501,0	1		CAUSE	OF BLAIN				ONSET AND DEATH
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9	(This daes not meon t	he mode of	dying, e.g	(A) Mas	sive gast	ro-inte	stinal		
	heart failure, asthenra, e injury ar camplication wi	nich coused d	eoth.)		he	morrhag	e		
	ANTECEDEN	T · CAUSES							
	DISEASES OR CONDI	TIONS, IF AL	NY, GIVING	BI. Ma	rked cirr	hosis	• • • • • • • • • • • • • • • • • • •		HI HOME HIN WAS SHOT WAS SO ! OF HOO COOR
	RISE TO THE ABOVE CUNDERLYING CONDI	AUSE (A) STA	ATING THE						
Z				(C)					•••••
H		ll .							
<u>S</u>	OTHER SIGNIFICANT C							-17	
쁜	DISEASE OR CONDITIO	N CAUSING	IT,				***************************************		
CERTIFICATION	PA. DATE OF OPERATION	WAS PERF		R WHICH OPERATION	20 A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FIN		
12	SVEEDNIAL CALLER W	146	Inc		YES		YES		
OU	TA, EXTERNAL CAUSE WINDERLYING OR CONTR TING CAUSE OF DEAT	1B-		B. PLACE OF INJURY (e.g., me, form, foctory, street, of tal			(If in Baltimora City, giv	e exact lac	cation)
4		(Doy) (Yeor)	(Hour)	21 E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?		
0	APPROX.)		m	WHILE AT NOT AT W	WHILE ORK				
2	2. I certify that I I	neld on In	quiry 🗌	Inspection Au	topsy X one	d that on th	is bosis, deoth in m	y opinion	
	resulted from:	Naturol cou	ses X	Accident Suicid	e Homici	de 🗌 🔃	Indetermined monne	r 🔲	
			7, /	- 1	CHIEF M	EDICAL EX	AMINER X		DATE CICNED
54	ACTUAL SIGNATURE	110	17	when un	ASSISTANT M	EDICAL EX	AMINER -		DATE SIGNED
	EXAMINER'S	0			ASSOCIATE M				
	NAME (Type)	Russell	S. F	isher. M.D.				1v 11	1967
	BURIAL CREMATION, 2	3B. DATE		23C. NAME of CEMETERY	CREMATORY		M	town, ar co	ounty) (Stote)
KEIVI	BURIAL	7-14-6	7	GARDENT OF E	THE CE.		BALTO. M.	6-	
24A.	DATE REC'D BY HEALTH	/	/	E OF REGISTRAR	24C. FUNER	AL DIRECTOR		0-	DDRESS O
	JUL 14	1967 (10 B	E. Falouma	1/1/	-10 Mt	m 2201	1116	12 Xat
	9	4	とうしている	- 1 APRINCES IN	Mon	(6,111.6	16 2359 18	HITCH	1

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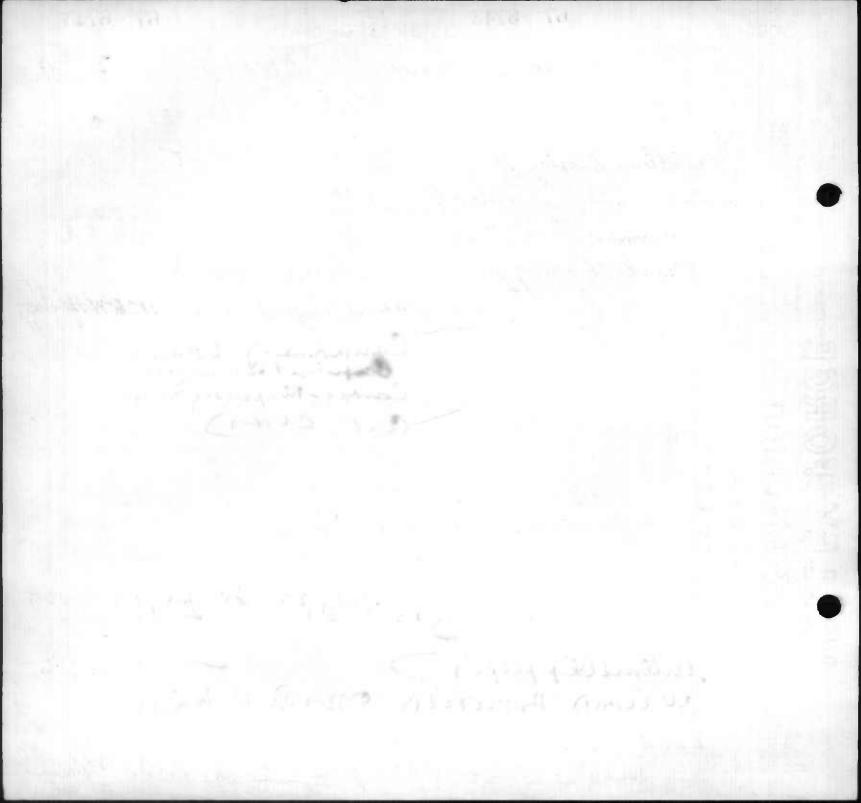
VS 151-REV. 1/1/65



	CP C	BALTIMORE CITY	HEALTH DEPARTMENT	6	יל פיין אים
	11 1101	742 CERTIFICA	TE OF DEATH	Registered No	7 6742
1. N	AME OF DECEASED	11.	2. DATE AN	D HOUR OF DEATH	
(Typ	GREEN, WII	liam	7-1	12-67 730	1 PM M.
3. I	LACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (Who	re deceased lived. If institut	tion: residence before admission)
1	FULL NAME OF (If not in hospital ar institu	tion, give street	BAHMORA	: Marcula	end.
1	OSPITAL OR oddress or location) NSTITUTION		C. CITY OR TOWN (If au	tside city limits, write RURA	AL and give lownship)
	1.6-1.11/1000	1/11			15-41
1	DUKELAND NURSIN	9 HOME	D. STREET ADDRESS	rurol, give locotion)	
	1501 N. DUKELAND	2871	2835 K	KO HANE	
5. \$	M 6. RACE 7. MAR WID	RIED, NEVER MARRIED DWED, DIVORCED (specify)	10-06-76	9. AGE (In years If lost birthday) Ma	Under 1 Yr. If Under 24 Hrs. Onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 12	CITIZEN OF WHAT COUNTRY?
0011	Potenti		Minin	ia l	
13.	FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
	1121/12		, ,		
15.	Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
Yes	no or unknown) (II yes, give wor or dates of serv	ice) SECURITY NO.	She +	01.00.10	777-610
	no	217-01-9350	margaret.	rulland	add totobe
	18. 422,/1	CAUSE	F DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1000	D. Celzentie CA	RDIANASCULAR	
	(This does not meen the mode of dying,	e.g., DUE TO	RIS SCLERO TIC CA	DISEASE	
	heart lailure, asthenia, etc. It means the dis- injury or complication which caused death.)	eose,			
	ANTECEDENT CAUSES	(B) G EN	RALLIZE ARTER	103CLERESIS	• • • • • • • • • • • • • • • • • • • •
	DISEASES OR CONDITIONS, if ony, g				
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost,	The (C)	***************************************		
	UNDERETING CONDITION 1651.				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING			
ATIO	TO THE DEATH BUT NOT RELATED TO				
		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND	DINGS CONSIDERED
ERTIFIC	0			CERNITING CAUSES	J OI DEATH:
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	218. PLACE OF INJURY (e.g., home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	(If in Boltimore Cit	ty, give exact location)
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ξ	(APPROX.)	While At Not Whi			
				10 (7.	7-12 1050
	22. certify that () (this hospital) attend	2 10		19 6 7 to	7-12 1967
	that (I) (we) last saw the deceased alive			nat in (my) (our) apinfor	n deoth occurred on the dote
	and hour and from the couses stated aba	ve. (1) (We) (did) (did nat)	view the body after deoth.	lant	DATE SIGNED
	23A. SIGNATURE	M.D. Att	ending Med.		B, DATE SIGNED
	showes W. Han	Phy	ending Med. pirector	Stoff Phy s.	
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
	THOMAS W. HA	KRIS M.D.	1824 W. FI	PHNITLIN	57
244	REMOVAL (Specify) 248, DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (City, 1	own, or county) (State)
L.	Jurial 7/15/67	Mt Chikus	w Cem L	alta.	ma
25/	L. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS
	IN 1 4 1967 A	Out & Fallon	a Carballe	nego 1827	Wast /100
VS	150-REV, 1/1/65	Carried Agency	The state of the s	100/	the way

Herine Marylers Williams Western Strang Dans Free Lange 06 24-76-01 governor N 14 201-11-43 2 Mary and Electric + 225 B

	67 67	743 BALTIMORE CITY	HEALTH DEPARTMENT		פוש פושאים
-	IRTH NO.	CERTIFICA	TE OF DEATH	Registered Na.	67 6743
	A.E. CASE NO.	CERTIFICA			
	NAME OF DECEASED Type or Print) Maril &	De Marco	2. DATE AN	3 67	25 A M.
3	. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived, if in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institution) INSTITUTION	on, give street	md		RUPAL ond give township)
4	0		Daltmore D. STREET ADDRESS, (III	ruseth give locotion)	1-00
	Midtown Nursing &	tome		taul St	•
	Temale white W	MED, NEVER MARRIED WED, DIVORCED (specify)	5/23/1897	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	6A. USUAL OCCUPATION (Give kind of work 108, KIND lone during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Charwoman Res	taurant	mo.		-U. S. A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Frank Carnage	rio	Sarah	Scalco	
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Only	elle ADDRESS
		214-14-5382	man manager of	121-100	1126 W Harston
	1B. / 7 LL VI	CAUSE O	F DEATH	Nann	INTERVAL ETWEEN
	DISEASE OR CONDITION DIRECTLY	0	0	4	ONSET AND DEATH
	LEADING TO DEATH	(A)	manning "	~ Uter	45
	(This does not mean the made of dying, a heart failure, asthenia, etc. It means the disea		scorninged (diamond	2
	injury ar camplication which coused death.)	C 6	ulia Also	- A- D	
	ANTECEDENT CAUSES	DUE TO	000-00	() () () () () () () () () ()	
	DISEASES OR CONDITIONS, if any, givenise to the obave couse (A) stoling		of CUI	40	
	UNDERLYING CONDITION Iosi.	Santan Santan			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	o) 20B. IF YES. WERE	FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		71.0	IN CERTIFYING CA	USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct locotion)
	O 21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	IURY OCCUR?	
	E OF INJURY (APPROX.)	While At Work Not While At Work	le 🖳		
	22 1		1	1965 to And	13 10/5
	22. I certify that (1) (this haspital) attended	1 1 -	100	0	3 196) .
	that (I) (we) last saw the deceased alive of		/	nat in (my) (eor) api	nián death accurred an the date
	and haur and fram the causes stated above	e. (I) (We) did (did nat)	view the bady after death.		238, DATE SIGNED
	1. DO NOR	M.D. AH	ending Med.	Stoff	238. DATE SIGNED
	23C, PHYSICIAN'S	A Phy		Phy s.	1/13/6
	NAME (Type)	1-2-2	CEO - P	1) 16 5	ton
	AA. BURIAL CREMATION, 124B, DATE 124C	NAME OF CEASETERY OF CR	3 70 1 Jan	OCATION (C)	4)//
	REMOVAL (Specify)	C. NAME of CEMETERY OF CR	240, [OCATION UC	ity, town, or county) (State)
	Burial 7/17/67	New Cathedra	el Em. 430	oold Tre	desick to
	15A. DATE REC'D BY HEALTH DEPT. 125B. NAM	RE OF REGISTRAR	25C FUNERAL DIRECTO	0	0 987
	S 150-REV. 1/1/65	M.C. Margay	young, C	rowant for	FIC, Hollins
,	3 13V-RE V. 1/1/03				23 ma.



certificate must be

a hospital and

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O/	0/49

BALTIMORE CITY HEALTH DEPARTMENT

	Til amanaa	Vantta		7 -	- 11 - 67	1 10
3. PLACE OF	Florence	MORE, MARYLAN	ND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased fived, If i	
FULL NAM		in hospital or ins or location)	titution, give street	Maryland		
INISTITUTIO	NI .		g & Convalescent	C. CITY OF TOWN (IF outs	ide city fimits, write	RURAL and give township)
11 / /	Center			D. STREET ADDRESS (If re	urol, give location)	
-	V	17 44	ARRIED, NEVER MARRIED	Layfatte	& John S	
5. SEX	6. RACE Whit	W	IDOWED DIVORCED (specify)	**886 **	AGE (In years	If Under 1 Yr. If Under Months Days Hours
	CCUPATION (Give st of working life, eve		KIND OF BUSINESS OR INDUSTRY	THE CSTORY DE CENTRAL PROPERTY OF THE CONTROL OF TH	n country)	12. CITIZEN OF WHAT COUNTRY?
	t Home			Baltimore		USA
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	NE.	
Jame.	Sheridar	Armed Fores?	1 6. SOCIAL	Sarah !	C. Wells	ADDRESS
(Yes, no or unkn	own) (If yes, give	wor or dotes of	SECURITY NO.			ADDRESS
no			CAUSE	Family Reco	rds	INTERVAL BETWE
18. 3 ns	EASE OR COND	ITION DIRECTI				ONSET AND DE
	LEADING TO		(A) Cer	ebal Vascular Ac	cident	2
(This doe	s nol meon the	made of dyin				
Land fail	s nor meon me	Il manage the	g, e.g., DUE TO			
heort foil	ure, osthenio, etc. complication whi	. Il meons the	diseose,			
heort foil	ure, oslhenio, etc.	. II meons the c ch coused deoit	diseose,			
heort foil injury or	ure, osthenio, etc. complication whi	. II meons the c ch coused deoil I CAUSES	(B)	Rterioscleros bs		
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heart fail injury of DISEASE	ore, osthenio, etc. complication which ANTECEDENT S OR CONDITIE	. II meons the och coused death CAUSES ONS, if ony, ouse (A) stati	(B) A			
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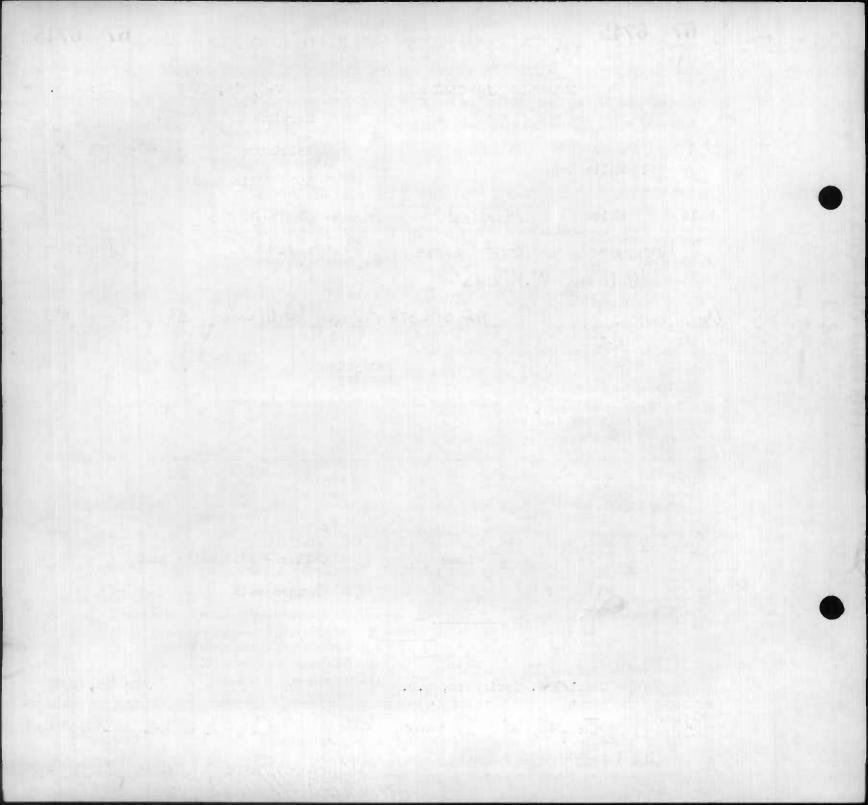
FUNERAL DIRECTOR
FUNERAL DIRECTOR
F. EURINA JOH 8812 NARTORD RD

authoris in a

BALTIMORE CITY HEALTH DEPARTMENT

67 6745

	TH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICAT	TE OF	DEATH Register	ed Na.	7. 0740
1. 1	E CASE NO.	ASED				2. DATE AN	D HOUR PRONOUNCE	D DEAD	
(Ту	pe or Print)		ELYN J	WILLIAMS			ly 10, 1967	0 01/10	12:00 P. M.
3. P	LACE IN BALTI	MORE MARYLAND, W			4. USUAL RESID		deceased lived. If instit	tution: resid	
	I NAME OF	OF NOT IN HOSBIT	N. OR INICTITU	TION CIVE STREET	A. STATE	Marylar	nd B. coul	NIY	
HO	SPITAL OR	ADDRESS OR LOCA	TION)	HON, GIVE SIKEEI	C. CITY OR TOV	VN (If outsic	le corporote limits, write	RURAL on	d give township)
	111011011					Baltimo	re	5	07
	391	3 Falls Road			D. STREET ADD				
		4.22	<u> </u>				11s Road		
5. \$. RACE		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIRT		9. AGE (In years lost birthday)		1 Yr. If Under 24 Hrs. Doys Hours Min.
_	lale	White		ried		13, 191	J-T	30 018380	
		PATION (Give kind of work orking life, even if retired)		BUSINESS OR INDUSTRY	0	1 .		12. CITIZE	L GOUNTHAL V
13 1	FATHER'S NAME	orer	Golf	Course	TENN		nid.		1. J. A
13.1	A THE STREET	11:11	A1:11: 1.	MS	14.10101112.63 101	AIGEN WANT			
15.1	WAS DECEASED	EVER IN U.S. ARMED		16, SO CIAL	17. INFORMANT			ADDRESS	
		If yes, give wor or dote		SECURITY NO.	A	1.1:11	20		-111. 21
U	nnewn			MG 016314	Marey	WIII	ams 39		CALLS N.CI.
	E 7	74X1		CAUSE	OF DEATH				ONSET AND DEATH
		OR CONDITION DI			anharria				
	(This does no	t meon the mode of osthenio, etc. It meons	dying, e.g.,		sphyxia langing				0 - 00 (v) 0 - 0 - 00 00 00 00 00 00 00 00 00 00 0
	injury or com	plication which coused	de oth.)						
	AN	TECEDENT CAUSES	S	(8)					
		R CONDITIONS, IF A		DUE TO	× c × 0 + 4 + c + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0		9 4 4 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		
_		G CONDITION LAST.		(C)					
Ó		ll l		1 6000000000000000000000000000000000000	. 740 80 80 80 80 80 80 80 80 80 80 80 80 80				**********************
X	OTHER SIGN	FICANT CONDITIONS	CONTRIBUTIN	IG					
트		CONDITION CAUSING		-1E	0.7000000000000000000000000000000000000				
CERTIFICATION	19A. DATE OF	OPERATION 198 CON		VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIN		
AL O	2TA, EXTERNAL				No				
EDICA	UNDERLYING TO	OR CONTRIB-	home,	farm, foctory, street, o	office bldg., INJURY	OCCUR?	(If in Boltimare City, giv	e exact lo	cotion)
MED		E OF DEATH.		home			3913 Falls 1	Road	13-07
2.	OF INJURY	(Month) (Doy) (Year		E INJURY OCCURRED			URY OCCUR?		
	(APPROX.)		m. W	ORK NOT	ORK X H	anged	self		
	22. I certi	fy that I held an I	nquiry 🗌	Inspection X Aut	apsy and	d that on th	is basis, death in m	y opinion	
	resulte	ed fram: Natural ca	uses A	ccident Suicid	e X Homici	de 🗌	Undetermined manne	r	
		000	0	1.	CHIEF M	EDICAL E	XAMINER _		2.77 400152
	SIGNATU	DE Clarke		set M.D.	ASSISTANT M	EDICAL E	XAMINER X		DATE SIGNED
	EXAMINE NAME (T	R's Charles	S. Spri	ngate, M.D.	ASSOCIATE M	EDICAL E	XAMINER	Ju1y	10, 1967
	BURIAL CREM	ATION, 238. DATE	230	NAME OF CEMETERY	CREMATORY	23 D. I	OCATION (City,	town, or o	ounty) (Stote)
	BUCIA DATE REC'D	July 1	3, 1967	Dulaney	Valley 24C. FUNER	AL DIRECTO	ockeysvil	le,	Maryland
	JL	JL 14 1967 (Polest &	E. Farkeyma	- Bur	ree F	Ineral Ho	me	3631 Falls
VS	151-REV. 1/1/6.	N991	7	6 7 0 B	House	1/6	Jenyer Tr	,	



FUNERAL DIRECTOR: IMPORTANT	ECTOR:	IMPO	DRTAN		
This certificate must be approved by the chief medical examiner or his assistant if death occurr	xaminer	or his	assistant	if dea	th occu
the body was released to the hospital by a medical examiner. Also, if the direct or contribu	Kaminer.	Also, i	f the di	rect or	contril
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	A fractu	re of an	y kind;	(4) Und	etermir
was D.O.A. at a hospital (except where the physician who pronounced death was in regula	who pro	nounce	d death	Was	n regu
deceased prior to death); and (6) No physician was in regular attendance on the deceased	regular	attend	ance on	the d	eceased
			00 0		

	D/ D/4b	TE OF DEATH Registered No. 67 67
	H NO. CASE NO.	TE OF DEATH Registered No.
1. N	AME OF DECEASED THOMPSON MARY	7. 11. 67 3.3
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before A. STATE B. COUNTY
1	ULL NAME OF (If not in hospital or institution, give street oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give townshi
	16 dusberau hospital	D. STREET ADDRESS (If rurol, give locotion)
S. 5	EX 6, RACE 7, MARRIED, NEVER MARRIED	7/1 BAKER S/ 8, DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If U.
	FEMALE COLORED WIDOWED (specify)	8.30.86 lost birthdoyl Months Doys Hours
	USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR's during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME LEVÍ	14. MOTHER'S MAIDEN NAME
15.	Nos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Ye	,no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Millie GREEN 17. INFORMANT HARIE WADE 2512 ARUNAK
	44.3 8	DF DEATH INTERVAL BE ONSET AND
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C. V. A. 13 da
	(This does not mean the made of dying, e.g., (A) DUE TO	, , ,
	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A.S. H. C. V.D.
	ANTECEDENT CAUSES (B)	71. J. 11. C. Y. J.
	DISEASES OR CONDITIONS, if any, giving	
	rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.	
_	II -	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
U	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RTIF	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location of the bidg., INJURY OCCUR?
0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
ME	(APPROX.) While At Work At Work	
	22. I certify that (I) (this haspital) attended the deceased fram	6.29. 1967 to 7.11.
	that (1) (we) last saw the deceased alive an 6.10.6	719 and that in(my) (aur) apinian death accurred
	and have and fram the causes stated above. (i) (We) (did) (did not)	
	23A. SIGNATURE	23B, DATE SIGNED
	Molas Radignovic M.D. At Ph	rending Med. Staff ys. Phys. 7. 11. 67
	23C. PHYSICIAN'S NAME (Type) MILOS RAJOTKOVIC M.D.	LUTHERAN HOSPITAL
24/	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI	EMATORY 24D. LOCATION (City, town, or county)
	Dueig 7-15-67 M. Auburn	(CEM. BALTO. Ned.
2SA	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	1111 1 4 1967 10 0 0 0 Tan as	Kelson Funeral Home 1319 Ca
S	150-REV. 1/1/85	0 / 0 0

08 22 80 4 4 600 00 Litter Sadagacior ATTECH ROMERTE LANDER COM PENNSTRUL

VS 150-REV. 1/1/65

BIRTH NO. 67 674	(12)	Y HEALTH DEPARTMENT		67 6747
BIRTH NO.	* CERTIFICA	TE OF DEATH	Registered Na	01. 0747
1. NAME OF DECEASED (Type or Print)			HOUR OF DEATH	
Robert Thomps 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	on	July	y 13, 1967	5:15 a M.
S. PLACE OF DEATH IN BALIMORE, MARILAND		A. STATE B. COUNT		itution: residence before admission)
FULL NAME OF (If not in hospital or institution, oddress or location)		Maryland C. CITY OR TOWN (If outs	ide city limits, write RU	RAL mive township)
Provident Hospi		Baltimore		(-01
29 1514 Division S		D. STREET ADDRESS (If it	urol, give location)	
Baltimore, Mary	land 21217	1347 N. St	ricker Stre	et
WIDOWE	D, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Male Negro Mar	ried	Feb. 1, 1921	46	12, CITIZEN OF
done during most of working life, even if retired)	or bosiness or indoser	TI. DIKITITEACE (Stole of lovery	n coonity)	WHAT COUNTRY?
		Virginia		U. S. A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
5. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17- INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.			
lio de la companya de	226207980	Willie Lee Thor	npson-broth	
18. 757.	CAUSE	OF DEATH		ONSET AND DEATH
DISEÁSE OR CONDITION DIRECTLY LEADING TO DEATH	77 - 7			
(This does not mean the made of dying, e.g.	DUE TO	ycystic kidney		***************************************
heart failure, asthenio, etc. It meons the disease injury ar complication which coused death.)	2,			
ANTECEDENT CAUSES	(B) Bro	nchopneumonia &	pulmonary	
DISEASES OR CONDITIONS, if any, giving	DUE TO de	ma		
rise to the above cause (A) stoting the	(c) Con	genital cysts o	f liver	
UNDERLYING CONDITION last.				
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG HE			
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR	WHICH OPERATION	[20A. AUTOPSY? (Yes or No)]	20B. IF YES, WERE FIR	ADINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OFERATION	yes	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	me, form, foctory, street, o	office bldg., INJURY OCCUR?		-1177 9 10 01001 10001011
0	E. INJURY OCCURRED	21 F. HOW DID INJU	INV. O.C.IIIM	
S OF INJURY	hile At Not Whi		KT OCCUR?	
	ork At Work			
22. I certify that (1) (this haspital) attended		June 26, 19		ly 13, 19 67
that (1) (we) last sow the deceased alive an.	July 13,	19 67 and the	t in (my) (our) apini	on death accurred on the date
and haur and from the causes stated above.	(I) (We) (did) (did not)			
23A. SIGNATURE			12	23B, DATE SIGNED
Truedo	M.D. At	dending Med.	Stoff X	Tul- 17 1067
23C. PHYSICIAN'S	6 0	23D. ADDRESS	117 94 🗀	July 13, 1967
NAME (Type)	6		D 74.	3/- 3 - 3/3/
July Complian . I to	wy Mil			more, Maryland(1
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME of CEMETERY OF CE	REMATORY 24D. LO	CATION (City,	, town, or county) (State)
Burial 7-16-67 F	irst Union	Cemetery Go	ochland Co	unty, Virginia
2SA. DATE REC'D BY HEALTH DEPT. 258. NAME	OF REGISTRAR			
JUL 14 1301 (160e	DE, Janey MI	Kelson Funer	al Home 23	48 Calhoun St.

. . .

	CASE NO.	ASED .				DEATH	ND HOUR OF DEAT	TU
	e or Print)	MARGA	RET	GIBS	ON	Z. DATE A	1/11/6-9	6:30
F	ULL NAME O		or institution, g		4. USUAL IA. STATE	B. COU	ere deceosed lived. I	f institution: residence before odm
	NSTITUTION	oddress or location			D. STREET	address (1	utside city limits, wri	te BURAL and give township)
		0			3/2		in street	
5. SI	and the	NN	WIDOWED	NEVER MARRIED , DIVORCED (specify)		-1902	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2
		JPATION (Give kind of work working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR			reign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAM	A E			14. MOTHE	S MAIDEN N	AME	
	Jack	Stewart			Loui	sa Stew	art	
15. V	Vas Deceased	Ever in U. S. Armed Fore	cos?	1 6. SOCIAL	17. INFORM	ANT		ADDRESS
	1B.	in yes, give wor or dote:	o or service/	SECURITY NO.	Mrs OF DEATH	Nancy	Albright,	22 S Carlton S
		ol meon the mode of asthenio, etc. It means		DUE TO			*************************	
	DISEASES O	plication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.) ony, giving	(B)				
ATION	DISEASES CORRESPONDENCE OF THE SIGNITOR OF THE DISEASES CORRESTED OF THE DISEASE	ANTECEDENT CAUSES	death.) ony, giving slating the ONTRIBUTING	(C)				
ATIO	DISEASES OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF	ANTECEDENT CAUSES OR CONDITIONS, if or observe cause (A) observe cause (A) of CONDITION last. FICANT CONDITIONS CEATH BUT NOT RELA	death.) ony, giving slating the ONTRIBUTING	(C)	20A. AU	OPSY? (Yes or)		RE FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATIO	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DOISEASE OR 19A. DATE OF OR CONTRIBU	ANTECEDENT CAUSES OR CONDITIONS, if of obave cause (A) of CONDITION last. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I' OPERATION 198 CON	death.) ony, giving slating the ONTRIBUTING ITED TO THIT. DITION FOR V	VHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street,	20A. AU	OPSY? (Yes or)	No) 208. IF YES, WEI	
MEDICAL CERTIFICATIO	DISEASES OF THE NOTIFIED OF TH	ANTECEDENT CAUSES OR CONDITIONS, if o obave cause (A) o conditions last. FICANT CONDITIONS CEATH BUT NOT RELACIONOTION CAUSING TOPERATION 198. CON WAS PERFORM CONCERN CONCER	ony, giving slating like ONTRIBUTING TED TO THIT. DITION FOR V FORMED 218, hometc.) (Hour) 21E, Whit Work	VHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, INJURY OCCURRED Le At Not Wo	in or obout 211 office bldgs. IN.	OPSY? (Yes or) C. WHERE DID IURY OCCUR?	Old 20B. IF YES, WEI IN CERTIFYING (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES OF THE DESTRUCTION OF T	ANTECEDENT CAUSES OR CONDITIONS, if obave cause (A) obave cause (A) occupied to the cause (A) oc	ony, giving slating the ONTRIBUTING TED TO THI T. DITION FOR V FORMED 218, hometc.) (Hour) 21E, Whi Wor	VHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, with the street, with the street, with the deceased from the street, with the deceased from the street, with the	in or obout 21 office bldg., IN.	C. WHERE DID TURY OCCUR? F. HOW DID IN	Old 20B. IF YES, WEIN CERTIFYING (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICATIO	DISEASES OF THE NOTIFIED OF THE PROPERTY OF THE DOORSEASE OR CONTRIBUTION OF INJURY (APPROX.) 21 Certify that (1) (we) and hour and	ANTECEDENT CAUSES OR CONDITIONS, if obave cause (A) obave cause (A) oconditions of conditions of condition Causing it operation (Month) (Doy) (Year) That (I) (this hospital lost sow the decease of from the couses state (RE) MATION, [248. DATE	ony, giving slating the ONTRIBUTING (TED TO THITTE. DITTON FOR VEORMED 21E. Whim word of the distribution	VHICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street, Not W At Wo Wood of the Management of t	in or obout 21 office bldg. IN. hile 21 view the boothers. 23D. ADDRES	C. WHERE DID IURY OCCUR? F. HOW DID IN Ond I	IJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Thore City, give exact location) 7/11/6-7 19 opinion death occurred on the

HAZINGT GIBBRA DURRIAN COREMONIA 76.470 44/11/4 76967 Acres Semilier 1884 Homeses Acres To 67 6743 - 6743

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ST. AGNES 1755; TATIME & MILKERS FRAKES

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

67 6	1750	HEALTH DEPARTMENT		67 6750
BIRTH NO. 67. 6	CERTIFICA	TE OF DEATH	Registered No	01. 0700
1. NAME OF DECEASED (Type or Print) CATHERINE	PINKNEY CAK		-67	6:10 P
3. PLACE OF DEATH IN BALTIMORE, MARYLANI	D	1 100-0458-0-109	deceased lived. If institut	ion: residence before admission
FULL NAME OF (If not in hospital or insti-	tution, give street	MARYLAND		0-02
HOSPITAL OR address or location) INSTITUTION	4	C. CITY OR TOWN (If outs	ide city fimits, write RURA	L and give township)
3-		BALTIMORE		
THE JOHNS HOPKINS	HOSPITAL	919 E. MAD	ISON ST.	
	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years If ost birthday)	Under 1 Yr. If Under 24 Hrs nths: Days Hours Min.
FEMALE NEGROID S	INGLE	12-27-19	47	
OA, USUAL OCCUPATION (Give kind of work 10B, KI one during most of working tife, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	m country) 12	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
JAMES E. PINKNEY		ELLA HEAVEN		
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	10	ADDRESS
es, no ar unknown) (If yes, give war or dates of se	SECURITY NO.	Haspital y	riende	
18. / 93 X I	CAUSE O	F DEATH /		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	F	NEUMONTA		20 DAYS
(This does not mean the made of dying,	e.g., DUE TO	***************************************		
heart failure, asthenia, etc. It means the di injury or complication which coused death.	1	CDAM-MEACTANE	CERTIARNE	16 0.44
ANTECEDENT CAUSES	(B)	GRAM-NEGATIVE PNEUMONIA		10 UAYS
DISEASES OR CONDITIONS, if ony,	giving	T N E UMUN 1		
rise to the obave couse (A) stoling UNDERLYING CONDITION last,	g the (C)			*************************************
II				
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		TATION		?
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMEN	FOR WHICH OPERATION	YES (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21C. WHERE DID thice bldg., NJURY OCCUR?	(If in Baltimare City	, give exoct location)
DEATH (natify medical examiner)				
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hau)	1) 21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour	While At Not While	e m	RY OCCUR?	2.34
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	While At Not While Work Not Wark	e	14	6 65
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Having (APPROX.) 22. 1 certify that (this haspital) after	While At Not While Nork Nork Nork Nork	INE 15.	67 10 JULY	5, 19.67
DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Hause (APPROX.) 22. I certify that (A) (this haspital) atterthat (I) (WY) last saw the deceased alive	While At Not While At Work At Work anded the deceased from JULY 5,	INE 15. 1	67 10 JULY	5, 19 67 death accurred on the da
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Having Mark) (APPROX.) 22. I certify that (h) (this haspital) atterthat (l) (Mark) (light from the causes stated about and have and from the causes stated about 100 (Mark) (While At Not While At Work At Work anded the deceased from JULY 5,	INE 15. 1	967_to_JULY t in(n\X)X(aur) apinian	death accurred on the dat
DEATH (natify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur of INJURY) (APPROX.) 22. I certify that (A) (this haspital) atterthat (I) (Williast saw the deceased aliverand haur and from the causes stated about 23A. SIGNATURE	while At Not While At Work anded the deceased from ULY 5, ave. (1) (Wex (did) (did not) v	JNE 15. 1. 19. 67. and that iew the bady after death.	9 67 ta JULY t in(n \X \X\(aur)\apinian	death accurred on the dat
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur Of INJURY (APPROX.) 22. I certify that (I) (this haspital) atterthat (I) (WX) last saw the deceased aliver and haur and from the causes stated about 23A. SIGNATURE JOHN V. RUSSO)	While At Not While At Work and the deceased from JULY 5, ave. (1) (Wex (did) (did nor) v	INE 15. In 19 67 and the liew the bady after death.	967_to_JULY t in(n\X)X(aur) apinian	death accurred on the dat
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haur Of INJURY) (APPROX.) 22. I certify that (this haspital) atterthat (I) (Williast saw the deceased aliver and haur and from the causes stated about 23A, SIGNATURE	While At Not While At Work and the deceased from JULY 5, ave. (1) (Wex (did) (did nor) v	JNE 15. 1. 19 67 and that iew the bady after death. anding Med. Director 23D. ADDRESS	t in (n) X (aur) apinian Stoff X X	DATE SIGNED 7-5-67
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hause of INJURY (APPROX.) 22. I certify that (this haspital) atterthat (I) (Williams saw the deceased aliverand haur and from the causes stated about 23A. SIGNATURE JOHN V. RUSSO) 23C. PHYSICIAN'S NAME (Type)	while At Not While At Work anded the deceased fram July 5. ave. (1) (Wex (did) (did not) v	JNE 15. 1. 19. 67. and the liew the bady after death. anding Med. Director 23D. ADDRESS THE JOHNS	of 7 to JULY t in (nXX (our) apinion Phys. X	DATE SIGNED 7-5-67
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Haurof INJURY (APPROX.) 22. I certify that (this haspital) atterthat (I) (Williast saw the deceased aliverand haur and from the causes stated about 23A. SIGNATURE JOHN V. RUSSO) 23C. PHYSICIAN'S NAME (Type)	while At Not While At Work and the deceased from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) while At Work and W	JNE 15. 1. 19. 67. and the liew the bady after death. anding Med. Director 23D. ADDRESS THE JOHNS	of7 to JULY t in (nXX (aur) apinian Phys. 23B	DATE SIGNED 7-5-67 DSPITAL
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hautof Injury) (APPROX.) 22. I certify that (I) (this haspital) atterthat (I) (Williams saw the deceased aliverand haur and fram the causes stated about 23A. SIGNATURE JOHN V. RUSSO) 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REDOVAL (Specify) WILLIAM (Specify)	while At Not While At Work and the deceased from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) which was a second from July 5, ave. (1) (Wex (did) (Arantor) while At Work and W	JNE 15. 1. 19. 67. and the liew the bady after death. anding Med. Director 23D. ADDRESS THE JOHNS	of7 to JULY t in (nXX (aur) apinian Phys. 23B	DATE SIGNED 7-5-67 DSPITAL
DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Having Approx.) 22. I certify that (I) (this haspital) atterthat (I) (Williast saw the deceased aliverand haur and fram the causes stated about 23A. SIGNATURE JOHN V. RUSSO) 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) William (Specify) William (Specify)	while At Not While At Work At	JNE 15. 17 19 67 and the riew the bady after death. Parties Andrew Director 223D. ADDRESS THE JOHNS THE JO	of7 to JULY t in (nXX (aur) apinian Phys. 23B	DATE SIGNED 7-5-67 DSPITAL

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FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular, attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

		bel, Joseph V.				AND HOUR OF DEATH	2:30
	ULL NAME O	ATH IN BALTIMORE, MAI		streat	4. USUAL RESIDENCE (VA. STATE B. CO	here deceased lived. If UNTY	institution: residence before admis
1	OSPITAL OR	oddress or location		311001	c. city or town (If Baltimore	outside city limits, write	RURAL ond give township)
7	Bolton	Hill Nursing	Home		D. STREET ADDRESS 1915 E. L	(If rurol, give locotion) ombard St.	
5. S	EX M	6. RACE Shite	7. MARRIED, NI WIDOWED, I Separat	EVER MARRIED DIVORCED (specify)	8. DATE OF BIRTH 10/5/1880	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mi
done	during most of	UPAπON (Give kind of work working life, even it retired) Mainenance			11. BIRTHPLACE (Stote or Virginia	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NA		DST W	ty Pumping	14. MOTHER'S MAIDEN	NAME	
		Abel, Joseph			Anni eMatilda D	ouglas	
		Ever in U. S. Armed Ford		SECURITY NO.	17. INFORMANT		ADDRESS
	No. 18.		2	15-46-8524	Elizabeth O.	Abel 369 Bo	yd Ave Martinsber
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	RECTLY	(A) Chro	nie brain synd	rome	ONSET AND DEATH
	heort foilure,	not mean the mode of osthenio, etc. It means application which coused	the disease,	DUE TO			010 000 1 000 000 000 000 000 000 000 0
				4 4			
		ANTECEDENT CAUSES		(B)	5.C.V.D.		
	Diseases (ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving	DUE TO			
	DISEASES (ANTECEDENT CAUSES	ony, giving	DUE TO	ypertension		
TION	DISEASES (rise to the UNDERLYING) OTHER SIGN TO THE D	ANTECEDENT CAUSES DR CONDITIONS, if of the constant constant conditions of the constant conditions of the conditions of	ony, giving sloling the	DUE TO			
CAT	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR	ANTECEDENT CAUSES OR CONDITIONS, if or considering the constant conditions of the conditions of the condition causing it	ONTRIBUTING STORM TO THE TO TH	(C)			E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OF CON	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or condition lost. II IFICANT CONDITIONS COMEATH BUT NOT RELATED NOT RELATED CONDITION CAUSING ITEM (CONDITION) (198, CON)	ony, giving sloling the CONTRIBUTING ATED TO THE T. CONTRIBUTION FOR WHEORMED	(C) H	ypertension	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact locolion)
EDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF CONTRIBUTION OR CONTRIBUTION TO THE DEATH (notify 21D. TIME	ANTECEDENT CAUSES OR CONDITIONS, if conditions, if conditions, if conditions can be conditions. II IFICANT CONDITIONS CAUSING IN CONDITION CAUSING IN CONDITION CAUSING IN CONDITIONS CAUSING IN CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE CAUS	ONTRIBUTING ATED TO THE T. DITION FOR WH FORMED (Hour) 21E, IN	(C) (C) (C) (C) (C) (C) (C) (C)	20A. AUTOPSY? (Yes or n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	CAUSES OF DEATH?
AEDICAL CERTIFICATI	OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF OR CONTRIBUTE OF OR CONTRIBUTE OF CONTRIB	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or condition lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING IT OPERATION 198. CON WAS PERFORM WAS PERFORM CAUSE OF CONDITION CAUSE OF COND	ony, giving sloling the CONTRIBUTING STED TO THE T	ICH OPERATION ACE OF INJURY (e.g., if form, factory, street, o	20 A. AUTOPSY? (Yes or n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES (rise to th UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A-DATE OF 21A. ACCIDE OR CONTRIBE DEATH (notify) 21D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or condition lost. IFICANT CONDITIONS COME TO THE CONDITION CAUSING IT OPERATION 198. CON WAS PERFORM WAS PERFORM CAUSE OF CONDITION CAUSE OF COND	ONTRIBUTING STED TO THE T. DITION FOR WH FORMED (Hour) (Hour) (218, PL home, etc.) (While Work	ICH OPERATION ACE OF INJURY (e.g., if form, factory, street, of the street, of t	20A. AUTOPSY? (Yes or n or about 21C. WHERE DID ffice bldg., INJURY OCCUR	IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A-DATE OF OR CONTRIBUTED TO THE DEATH (notify 121D. TIME OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if or obove couse (A) or conditions (A) or conditions (A) or conditions (A) or condition (A	ONTRIBUTING ATED TO THE T. DITION FOR WH FORMED 218, PL home, etc.) (Hour) 21E IN While Work	ICH OPERATION ACE OF INJURY (e.g., form, factory, street, or Not Whith At Work deceased from	20 A. AUTOPSY? (Yes or n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR	(If in Boltim	7/11 19
MEDICAL CERTIFICATI	DISEASES (rise to the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21 L certify that (I) (we) and hour an	ANTECEDENT CAUSES OR CONDITIONS, if of the course of the	ONTRIBUTING STED TO THE T. DITION FOR WH FORMED 21B. PL home, etc.) (Hour) 21E. IN While Work (I) attended the ed alive an	ICH OPERATION ACE OF INJURY (e.g., form, factory, street, o	20 A. AUTOPSY? (Yes or n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR	IN CERTIFYING C	7/11: 19 67
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BIR	TH NO.	0/33	MEDI	CAL EX	AMINER'S C	ERTIFICA	TE OF	DEATH Regist	ered No	6753
M.	E CASE NO.							/	0.	0,0
1. I (Ty:	Pe ar Print)	CEASED	HENRY	KANTO	RSKI		July	13, 1967	. 8	8:35 A.
3. F	LACE IN BALT	IMORE, MAR	YLAND, WI	HERE PRONOU	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If ins	stitution: residence	e belare admission
FUI	LL NAME OF	(IF NOT I	IN HOSPITA	L OR INSTITU	ITION, GIVE STREET		Pennsy.	Lvania e corporate limits, wri		
INS	TITUTION	ADDRESS	ok took						1/-	35
3	3				(70.1)	D. STREET ADD	Philade RESS (If rural,			
	Chu	rch Hom	e & Ho	spital	(DOA)			aval Home		
5. \$		6. RACE		WIDOWED, I	NEVER MARRIED DIVORCED (specify) Ver Married	B. DATE OF BIRT		9. AGE (In years last birthday)		r. If Under 24 Hrs.
	Male	White		1.6	BUSINESS OR INDUSTR	Nov 3	1905	61	12. CITIZEN C	75
des	الا المحمد والمام	od Breen				12			WHAT C	OUNTRY?
12	FATHER'S NAM		T	Th 150M	avyy rumping	14. MOTHER'S M		Maryland.	US	S A
13.	TAIHERS NAM		75 1		-					
15	WAS DECEASE		Kanto		D. SOCIAL	17. INFORMANT	Mary Ka	minska	ADDRESS	
(Yes	WAS DECEASE s, na ar unknawn	(Il yes, give	war ar date	s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	Yes	World	d 11		213-28-9308	Pricilla	Rachuh	8 2542 Flee	et. Street	
	1B.	20			CAUS	E OF DEATH			INT	ERVAL BETWEEN
	DISEA	SE OR CONE	OITION DIE	RECTLY					ON	SEI AND DEATH
	(Th:)	LEADING T			(A) Ar	terioscle	otic h	eart diseas	e	0 == 0 0 0 0 0 = 0 == 0 0 0 0 0 0 0 0 0
	heart lailure,	nat mean the , asthenia, etc. mplication which	. It means	the disease.	DUE TO				- 119	
	injuly of co	inpiredian will	cii coosea (Je dilla/					16-	
		ANTECEDENT			(B)					
	RISE TO TH	E ABOVE CA	USE (A) ST		DUE TO					
7	UNDERLYII	NG CONDITI	ON LAST.		(C)					
Õ										
3		NIFICANT CO	NDITIONS							
E		R CONDITION			HE					
CERTIFICATION	19A. DATE OF	OPERATION	198. CON WAS PERF		WHICH OPERATION		? (Yes at Na)	20B. IF YES, WERE F		
A L	21 A. EXTERNA	L CAUSE WA	15	21R	PLACE OF INJURY (e.g.,	in or obsut 21C. V	WHERE DID	(If in Bultimore City	oive exact lacatio	200)
MEDIC	UNDERLYING UTING CAU	OR CONTRIB	-	hame etc.)	, farm, factory, street,	affice bldg., INJUR	OCCUR?	m boliniae chy,	give exact lacons	A117
Σ	21D TIME	(Manth) (D	Day) (Year	(Haur) 2	1E. INJURY OCCURRED	21 F. H	OW DID INJ	JRY OCCUR?		
	(APPROX.)			m. V	VHILE AT NOT AT V	WHILE				
	22. 1 cer	tify that I he	old an Ir	ngulry 🗌	Inspection X Au	ntapsy an	d that on th	Is basis, death In	my apinion	
	resul	ted fram: N	atural cau	ses K A	ccident Suicid		ide	Undetermined man	ner	
		2	1	1				AMINER -		
	ACTUA		1.	.)	1	-		4000	D	ATE SIGNED
	SIGNAT	.=016	ay.	3 0	M. C	ASSOCIATE A				
	HAME (Type) Ct.			ingate, M.D.					13, 1967
	MOVAL (Specil		B. DATE	230	C. NAME of CEMETERY	or CREMATORY	23 D. L	OCATION (Cit	y, lawn, ar caunt	(State)
	Burial		July 1	7 1967	Balto Nationa	1 Cemeter	y F	rederick Ro	ad	Md
24/	A. DATE REC'D				OF REGISTRAR		AL DIRECTOR		ADDI	RESS
		JUL 14	1967	R.P. B	E, Farbours	The D	ippel E	rothers Inc	1800 E	Lombard S
VS	151-REV. 1/1/			1	6701	067	())		

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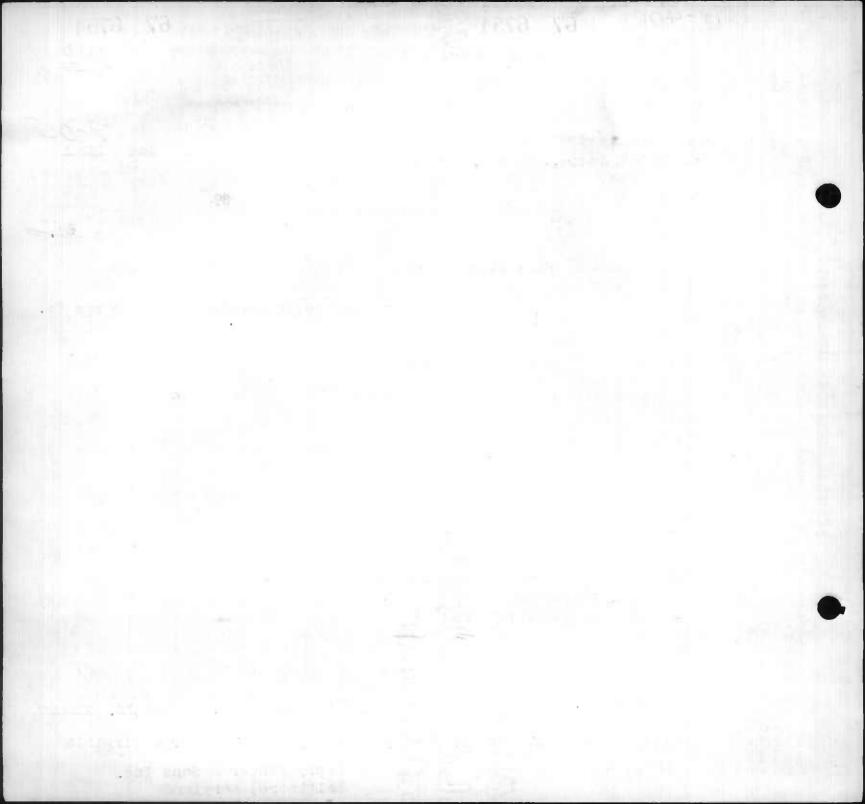
death

was D.O.A. at a hospital (except where the physician who pronounced

VS 150-REV. 1/1/65

	H-400 on onthe	ALTIMORE CITY	HEALTH DEPARTMENT	OF	Y OFFE		
	MRTH NO. 67. 6754 6	ERTIFICA	TE OF DEATH	Registered No.6	, 6/54		
	INAME OF DECEASED Type or Print) SARA H Sarah Franci HALL	es Mall	2. DATE AN	D HOUR OF DEATH	8:40 1 30 A		
	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceosed livod. If institu	ution: residence before admission		
	FULL NAME OF (If not in hospital or institution, give state HOSPITAL OR oddress or location)	et	C. CITY OR TOWN (If out	side city limits, write RUR	AL and give township)		
51	BALTIMORE . CITY HOSPITALS		BALTIMORE, Md. 7-05				
	4940 Eastern Avenue, Baltimore, Man		5(2 N-	O'Exstern Ave	nue21224		
	6. RACE 7. MARRIED, NEVER WIDOWED, DIVO	RCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthd N	Under 1 Yr. If Undo: 24 His Onths Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 108, XIND OF BUSINE		11. BIRTHPLACE (Stoto or forei	gn contry)	2. CITIZEN OF WHAT COUNTRY?		
	NEVER HAD A JEB		Va-		U.S - A.		
	3. FATHER'S NAME		4, MOTHER'S MAIDEN NAM	-			
	UNKNOWN James Henry	Morgan	UNKNOW	N Fenton	Combs		
1	5. Was Deceased Ever in U. S. Armod Forcos? Yos, no or unknown) (If yes, give wor or dotes of service)	URITY NO.	17, INFORMANT		ADDRESS		
	N6 216	-54-40537	Mrs Zella B	radley King	, George Va.		
ľ	18. 170 XYL-002, 1	CAUSE OF			INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ARCINDMA OR	D BREAST	15.00		
	(This does not mean the mode of dying, e.g.,	DUE TO	***************************************		10 YKS		
	heoil foilule, ostherio, etc. It moons the disease, injury of complication which coused death.)	0.,.	MONARY TOR		7 Vm		
	ANTECEDENT CAUSES	(B) FUZ	100114KY 10B	ERCULO95	1 (18)		
	DISEASES OR CONDITIONS, if ony, giving	001 10					
	use to the obove couse (A) stoting the UNDERLYING CONDITION lost.	(C)		~~0000000000			
	11						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
	OSEASE OR CONDITION CAUSING IT.	OBCRATION	120 A ALIXONEVA (V o. No.	N 20B IS NES WERE FIRM	DINGS CONSIDER		
	WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or No		S OF DEATH?		
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE	OF INJURY (e.g., in	or obout 21 C. WHERE DID	YES (If in Boltimore C	ity, givo exact location)		
	▼ DEATH (notify medical examiner) etc.ff etc.ff	factory, street, offi	co bldg INJURY OCCUR?				
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY	OCCURRED	21F, HOW DID INJ	URY OCCUR?			
١	OF INJURY (APPROX.) While A!	Not White					
ı	22. I certify that (F) (this hospital) attended the dece	1	ARCH 18 1	960 to JULY	8 1967		
I	that (we) last sow the deceased alive on JUL	4					
	and haur and from the couses stated above. (1)		/	or military (out) optime	doon deconed on me da		
	23A. SIGNATURE	(0.0) (0.0.101) 11	aw the body offer deom.	23	B. DATE SIGNEO		
I	Michael R. Millan	M.D. Attor		Stott Phys.	7/8/67		
ı	23C.PHYSICIAN'S		3D. ADDRESS		10/0/		
I	Michael R. McMillan	M.O.	BALTIMO.		HOSPITALS		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY of CRE	4940 Eastern At	renue.Baltimo	town, or county) (State)		
	Burial 7/12/67 Morgan	Family	Cemetery	King George	Virginia		
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGIS		25C. FUNERAL DIRECTOR	TT-10 GOOTEC	ADDRESS		
I	JUL 14 1967 P. O. B. E.	fallen MA	Henry San	der & Sons	Inc.		
110							

Baltimore, Maryland



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
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4	CHY CHI	BALTIMORE CITY	HEALTH DEPARTMENT		67 6755
	H NO. DI, DIG	CERTIFICA	TE OF DEATH	Registered Na	01 0733
1. N	AME OF DESEASED (ROSA FROCHI	TE BLADES	2. DATE AND	HOUR OF DEATH	
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	VOSCHII!	4. USUAL RESIDENCE (Where	deceased lived. If ins	167 S: 20 Am.
	ULL NAME OF (If not in hospital or institution,	give elegat	A. STATE B. COUNT	+ more	Cita
F	OSPITAL OR oddress or locotion)	. / //	C. CITY OR TOWN JIF outs	. / 0	URAL and give township
	Mulaion Memo	rial stos	B. STREET ADDRESS	/	1218 / 9-06
	71		1721 Fa	St 32W	15t
5. S	EX 6. RACE 7, MARRIED WHOOME	D. DIVORCED (specify)		ost birthday	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.
144		ried	8/02/01	67	The City of
	during most of working lile, even if retired)	F BOZINEZZ OK INDOZIKA	11. BYRTHPLA CE (Stoté or foreig	on country)	12. CITIZEN OF
13.	Housewife	45	14. MOTHER'S MAIDEN NAM	any a	U.S. A.
	AUGUSTER	lie	Anna -	_ /	
15.	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown)(If yes, give wor or dotes of service)	1 6. SOCIAL	17. INFORMANT		ADDRESS
(16:	no	214-16-5202	# 1721 E.32nd	Blades (hu 1 St.Balti	sband) more Md.21218
	18. 410 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Cardiac.	Arrest	
	(This does not mean the made al dying, e.g. heart failure, asthenia, etc. II means the disease				
	injury or complication which caused death.)	Cox	GESTIVE A	raft Fall	1,00
	ANTECEDENT CAUSES	DUE TO	, ,		
	DISEASES OR CONDITIONS, il any, giving rise la lhe abave cause (A) stating the		Itra/Steno	7515	
	UNDERLYING CONDITION last.				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	IG HE			
FICA	DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or Not	208. IF YES, WERE F	INDINGS CONSIDERED
ERTII	O WAS PERFORMED		NO	IN CERTIFYING CAL	
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	me, form, foctory, street, o	n or obout 21 C. WHERE DID lifice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	OF INJURY	E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
<		hile At Not While ork At Work	e		
	22. I certify that (1) (his hospital) attended	the deceased from	1 -	9 6710 7	16/ 19 67
	that (I) (We) last saw the deceased alive an		,	it id(myD(aur) apin	ian death accurred an the date
	and haur and fram the causes stated abave	(We) (did) (did nat)	riew the bady after death.		23B. DATE SUGNED
	Bil Wecher	M.D. Att	ending Med.	Stoff Phys.	7/11/67
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		7 7 9
	BARRY J. WECKES	SSER, M.D.	THE UNION	MEMORIAL	HOSPITAL
24	BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CR			y, town, or county! (Stotel
-	Burial July 15,1967	Woodlawn Cen	letery Ba	ltimore Mo	ADDRESS
234	NAME	A T A	HENRY SANDER	& SONS.II	NC.
VS	150-REV. 1/1/6JUL 1 4 1967	E TO Stay P. A.	Baltimore Md	• •	

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			Y HEALTH DEPARTMENT		
BIRT	TH NO. 67 67	56 CERTIFICA	TE OF DEATH	Registered Na	67 6756
	E. CASE NO.	O CERTIFICA			
	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
гтур	pe of Print) ALBERT DOS	ENGES	13 1	ul 196) A P
3. P	PLACE OF DEATH IN BALTIMORE MARYLAND	74003			stitution: residence before admiss
	the same of the sa		A. STATE B. COUN		
	FULL NAME OF (If not in hospital or instituti	ing, give street	Md		
H	HOSPITAL OR address or location)	9.10	C. CITY OR TOWN (If out	side city limits, write R	RURAL and give lownship)
- 11	NSTITUTION	in The	7	10	-03
0	PHURCH HOME " IT	espi) b-1	BALTIMURE		6
5	DAY TRIPORE AND		D. STREET ADDRESS (If	ural, give lacation)	
	BALTYPORE, Mid		2106 E.	FAVEITE	21
5. \$	· · · · · · · · · · · · · · · · · · ·	IED, NEVER MARRIED		AGE (In years	If Under 1 Yr., If Under 24
	A WIDO	WED, DIVORCED (specify)		ost birthday)	Months Doys Hours Mir
		(BIJAAN	10-9-92	74	
	. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign	gn country)	12. CITIZEN OF
done	e during most of working (Te) even if retired)	Pho At-all	12 DOM	11	WHAT COUNTRY?
	LEOUR LUN BU	Mulls	12ache IIV	7/	USA
13.	FATHER'S NAME	, , ,	14. MOTHER'S MAIDEN NAM	AE	
-	Fordanish D.	and of	11.11.11	110	
6	maener 4. Doc	nge	RUMALKUN	Mergan	
15.	Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT		ADDRESS
1162	s, na ar unknown) (If yes, give war or dotes of servi		2010. 1 +1	· nal 4	2100 % Juge
		215-09-4548	Mrs Leaville	me MI. h	loinger
	18. 3 2 X I	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE OF CONDITION DIRECTLY				SHISET AND DEATH
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	(This does not mean the made of dying,	(A) C E VE	BRAL Thum VOS	13	
	heart failure, asthenia, etc. It means the dise	ase.	SCHOOL & BUNGS	2120100	
	injury ar camplication which caused death.)	0127	TERIOSCHUS NEWY N	Was	
	ANTECEDENT CAUSES	(B)	OFFIN DONER	otherway by	
	ANTECEDENT CAUSES	DOE IO CLD	OFFIN DONER	otherway by	
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ATION	DISEASES OR CONDITIONS, if any, gives the latter of the condition and the condition and the conditions contributed to the death but not related to	ring Ihe (C) Pul	walze AThies	chessi ja	
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3. 1	PLACE OF DEATH IN BALTI				4. USUAL RESIDENCE A. STATE	(Where deceased lived.	If institution: residence before
	FULL NAME OF (If not HOSPITAL OR oddres:	in hospital a	or institution,	give street	Md.		26-0
	INSTITUTION		TAL	OF			rit MORAL and give township
					D. STREET ADDRESS	Maryland (If rurol, give location	21207
	42 DA	12/10	nore		2447 Pick	wick Road	
-	SEX 6. RACE		7. MARRIED,	NEVER MARRIED D. DIVORCED (specify	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Un Months: Doys Hours
	MALE WHI		MA	RRIED	May 15, 19		
	A, USUAL OCCUPATION (Given during most of working life, even		108. KIND O	F BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Salesman		Buil	ding Servic	e Baltimore	Maryland	
13.	FATHER'S NAME				14. MOTHER'S MAIDE	NAME	
	Harry F. Hart	tge			Bessie He	ath	
5. Ye	Was Deceased Ever in U. S. s, no or unknown) (If yes, give	Armed Fore	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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	18.				E OF DEATH		INTERVAL BET
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	(This does not meen the			DUE TO		***************************************	
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MEDICAL CERTIFICATIO	DISEASES OR CONDITI ise to the obove counderlying condition II OTHER SIGNIFICANT CONTO THE DEATH BUT DISEASE OR CONDITION 21 A. ACCIDENT WAS UND OR CONTRIBUTING CAUDEATH (notify medical example) 21 D. TIME (Month) (DO INJURY (APPROX.) 22. I certify that (1) (this that (1)) we) last saw that and haur and from the counderly contribution of the contri	T CAUSES ONS, if couse (A) N lost. DITIONS CONTRELA CAUSING IT 198. CONT WAS PERF DERLYING DISSE OF niner) s hospital e decease	ONTRIBUTIN TED TO THE T. DITION FOR ORMED 21E Houn etc. (Houn) 21E WW W d d alive an	WHICH OPERATION A PLACE OF INJURY (Cone, form, foctory, stree) INJURY OCCURRED to the cone of the co	20A. AUTOPSY? (Yes 20A. AUTOPSY? (Yes 20. g., in or obout 21C. WHERE injury occ 21F. HOW Di While	or No! 20B. IF YES, WIN CERTIFYING DID (If in Bolt UR? (If in Bolt UR?) 19 60 ta	MANY YEARS ERE FINDINGS CONSIDERED CAUSES OF DEATH? Timore City, give exact locoko
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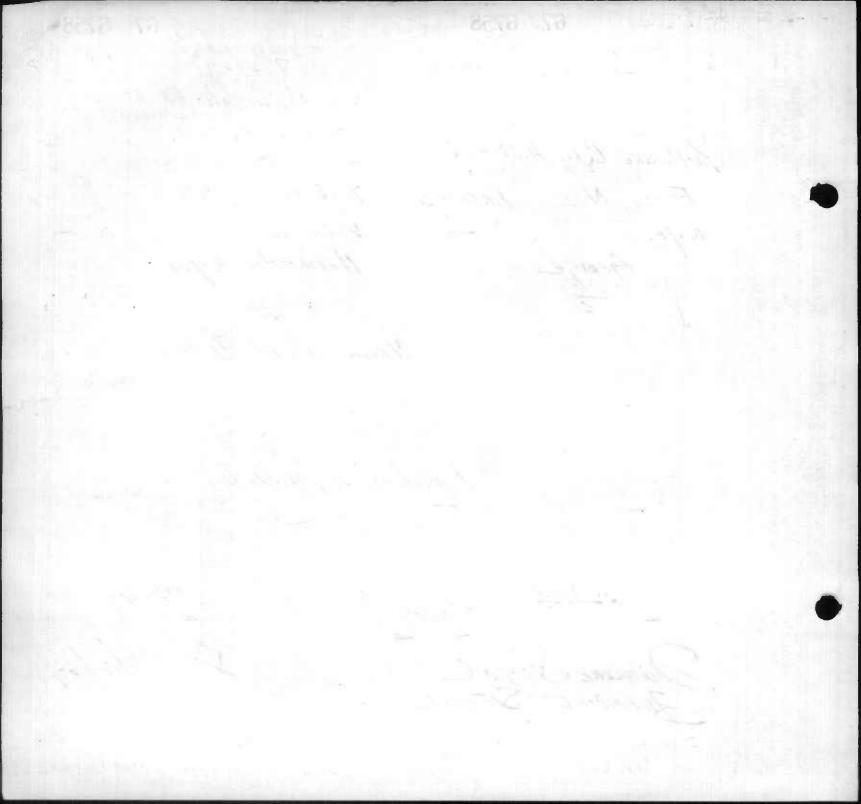
accident

Was to

the body

shows:

Attending Phys. Med. Director M.D. Staff approval Phys. 23C PHYSICIAN'S 23D. ADDRESS NAME Type & BURIAL CREMATION. 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION (City, lawn, or county) (Stotel REMOVAL (Specify) 25A. DATE REC'D HEALTH DEPT. SC. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



VS 150-REV, 1/1/65

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death.

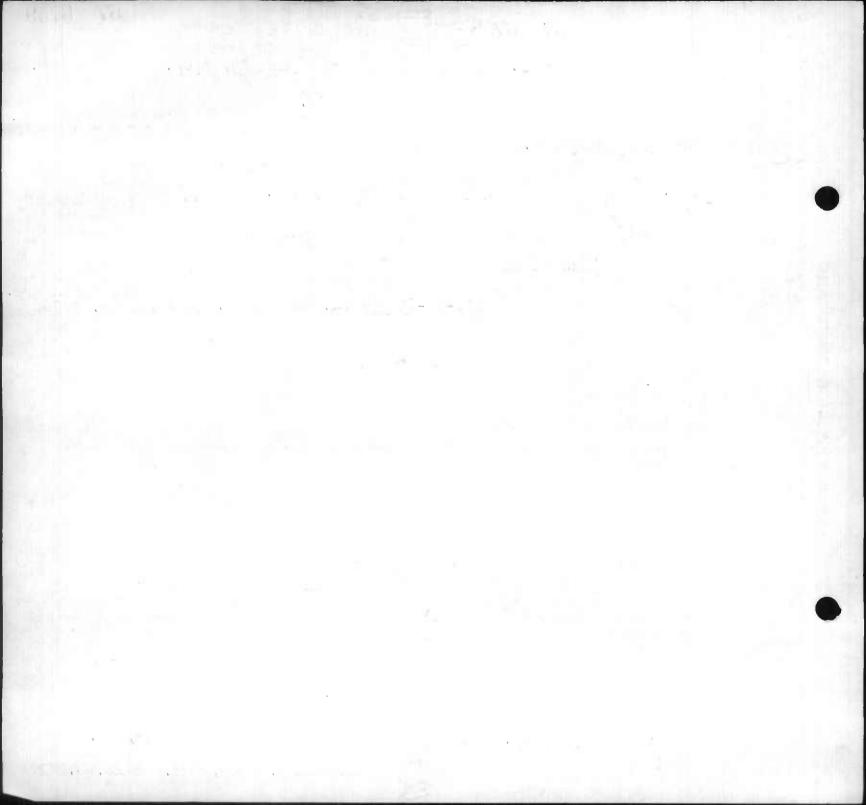
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prior

attendance on the

	BALTIMORE CITY	HEALTH DEPARTMENT		67 6759
BIRTH NO. 67 675	9 CEPTIFICA	TE OF DEATH	Registered No	01 0100
M.E. CASE NO.	CERTIFICA	IL OI DEATH		
1. NAME OF DECEASED		2, DATE AI	ND HOUR OF DEATH	
(Typo or Print)	E	01.	12 1067	, 6 A
	agan	july	13, 1967.	0 71. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		titution: residence botore admission)
FULL NAME OF (If not in hospital or institution,	give street	Md.		
HOSPITAL OR oddross or location)	give sheet		Itside city limits, write RI	IRAL and give township
INSTITUTION		C. Citt Ox town	0 1	
			Baltimore	21206 1-01
GoHarford Gardens N	unsing Home	D. STREET ADDRESS (If	rural, give location)	
The gorta garages in	westing Home			
/		20	15 Lake Av	enue
S. SEX 6. RACE 7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	DIVORCED (specify)	4	lost birthdoy	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	lidow	May 21,1890.	//	
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or ford	ign country)	12. CITIZEN OF
done during most of working life, even it retired)		A :		WHAT COUNTRY?
Housewite		Maryle	and	USA
13. FATHER'S NAME		14. MOTHERS MAIDEN NA	ME	
0 1 1111			0 1	2
John White			Barbara	2
15, Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ABDRESS
(Yes, no or unknown) (If yes, give wor or dolos of sorvice)	SECURITY NO.	17. INFORMANT		5926 Kavon Ave.
1/2	220 111 6515	01 M. 111:11:	(&	1720 Maron 1100.
700	220-44-6515	g1 Mr. Willi	am s. cagar	1, Balto. 2/200
18. / /) 6 1	CAUSE O	DEATH		INTERVAL BETWEEN
720,0		0 0 1 11	/ / 4 .	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		$+\cdot$ 0 + μ	a + D	2
LEADING TO DEATH	in U	terior cleration H	al Duran	3 year
(This does not mean the mode of dying, e.g.,	DUE TO			
heart failure, asthenio, etc. It meons the disease,				
injury or complication which caused death.)				
ANTECEDENT CAUSES	B)			
ANTECEDENT CAUSES	DUE TO		*****************************	
DISEASES OR CONDITIONS, if ony, giving				Description of the second
rise to the obove cause (A) stating the	(C)			

	injury or complication which caused death.)
	ANTECEDENT CAUSES IB) DUE TO
	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
RTIFIC	198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING DO CAUSE OF DEATH (notity medical axaminat) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?
0	21D. TIME Month) (Doy) Your) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ME	(APPROX.) White At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased from
	and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE M.D. Attending Med. Stott Director Phys. 23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) Pobert t Levy M.D. 23D. ADDRESS Medical act Bldg,
24	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stoto)
	Burial 7/17/67. Oak Lawn Cemetery Baltimore, Md.
25	Leonard J. Ruck, Inc. Balto. Md. 21214
1/5	150_DEV 1/1/45



		BAL	TIMORE CITY HEAL	TH DEPARTMENT	r		CM	Orion
M.E. CASE N	6760 MED	ICAL EXA	MINER'S CI	ERTIFICAT	E OF DE	ATH Register	ed Na.	6/60
1. NAME OF (Type or Print)	DECEASED	ICE B. SM	ITH			2, 1967		10 A.
CER HOSPITAL OR NSTITUTION	TIFICATE ADDRESS OR LOCA ion Memorial Ho	AL ARMS MUTTO	NDED 7-25-67	A. STATE Mary C. CITY OR TOW Bal D. STREET ADDRE	yland N (If outside co timore ESS (If rurol, giv		NTY	
5. ,S EX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		. If Under 24 Hr
	White DCCUPATION (Give kind of wor	Single	ISINESS OR INDUSTRY	6/27/67 11. BIRTHPLACE (S	1934 tate or foreign co	33	12. CITIZEN O	
Stuce 3. FATHER'S	st of working life, even il retired)		. =	Ma 14. MOTHER'S MA	aryland		USA	OUNTRY?
Maur	rice B. Smith,			Margaret		ourne		
Yos, no or unki	EASED EVER IN U.S. ARMED	of sorvice)	SOCIAL SECURITY NO.	17. INFORMANT		nith Sr.	ADDRESS	
DISEA RISE TO UN DEI	oes not meen the mode of siture, astheria, etc. It means to counsel to mean the counsel of counsel	S ANY, GIVING TATING THE CONTRIBUTING LATED TO THE	(B) DUE TO (C)	otgun wound	a or nead			
2TA, EXTE	E OF OPERATION CAUSING E OF OPERATION 198, CON- WAS PER ERNAL CAUSE WAS INGAIOR CONTRIB- CAUSE OF DEATH.	IDITION FOR WHI FORMED	CE OF INJURY (e.g., om, factory, street, o	No in or about 21C. Wiffice bldg., INJURY	HERE DID (If in		es OF DEATH?	2
21D TIM OF INJUR (APPROX.)	RY .	:45 Pm. WHII	NOME INJURY OCCURRED LE AT AT W	21 F. HO	08 Asbury w DD INJURY ot self	OCCUR?		
ACT SIGN EXA	certify that I held an I esulted fram: Natural ca TUAL NATURE AMINER'S AE (Type) Charles	L J. Acci	dent Suicide Suicide Suicide M.D. Gate, M.D.	Hamicid CHIEF ME	e Und DICAL EXAM DICAL EXAM	INER X	D/	ATE SIGNED
	cremation, 238, Date pecify) 7/15/0	10	dens of Fai		Balti	more Co.	Maryl	
J	JUL 1 4 1967 (2)	Cub E. J	alberta.	_		Inc., 530	5 Hansa	nd Da #-

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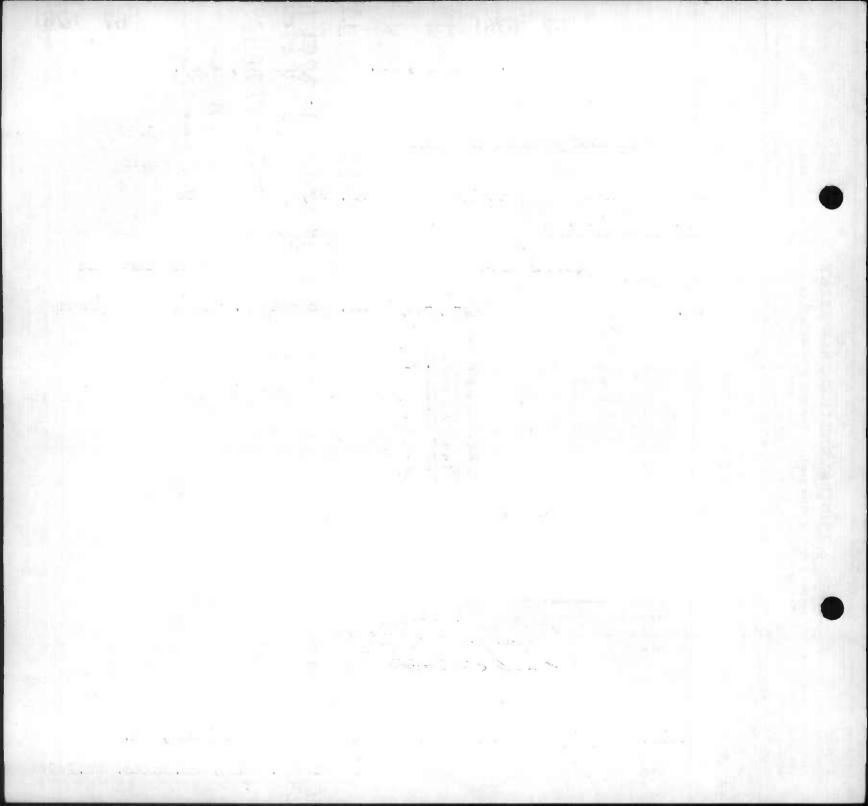
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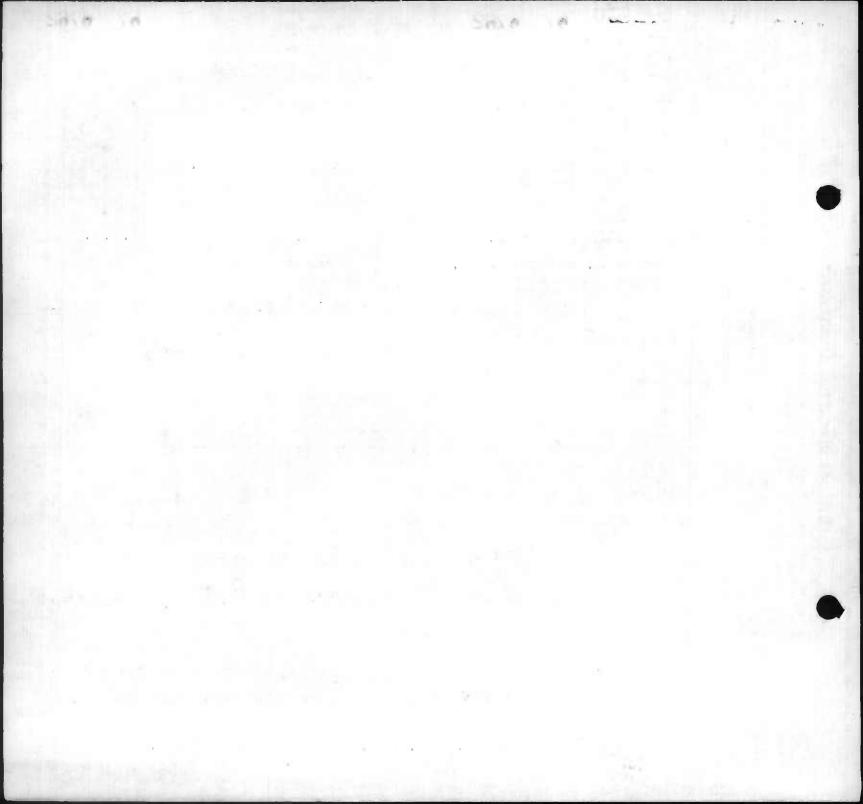
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

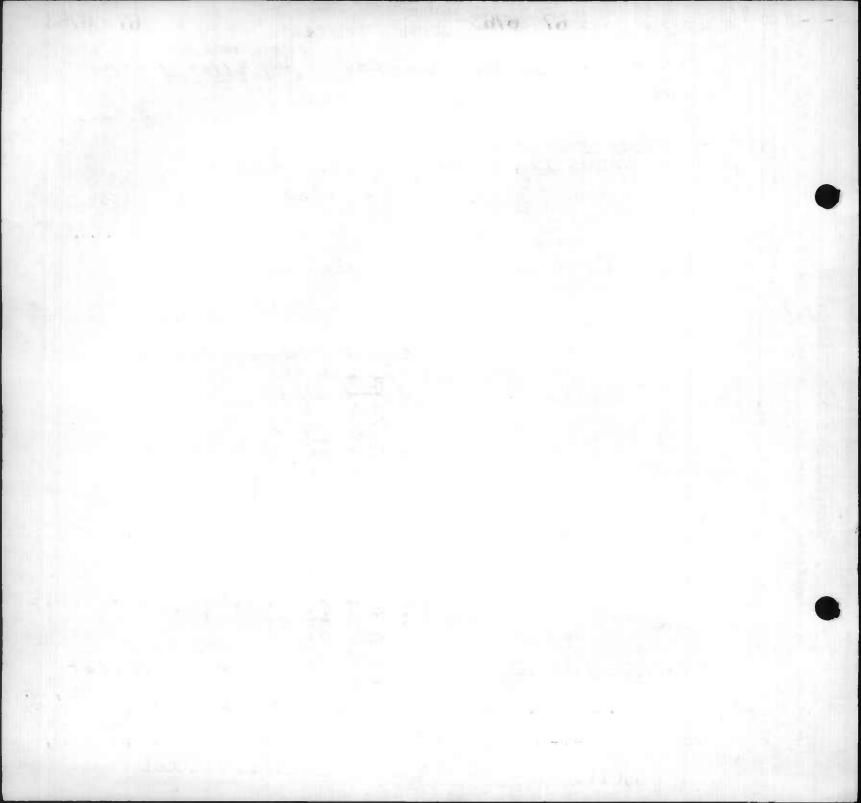
	BALTIMORE CITY	HEALTH DEPARTMENT		ON ONOA
BIRTH NO. M.E. CASE NO. 67 6761	CERTIFICA	TE OF DEATH	Registered No.	6/ 6/61
1. NAME OF DECEASED (Type or Print) Raumond ()	Ashley, Si	0 1	12, 1967.	10 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Total g	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution; residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	street	Md.		RURAL and give township)
	/		Baltimor	e 21214 27=05
48 Maryland General Ho	espitai		rurol, give locotion) 8 Ailsa A	venue
5. SEX 6. RACE 7. MARRIED, NE WIDOWED, D. Marrie	IVORCED (specily)		9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU done during most of working life, even if retired) Retired Machinist	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	a	
Charles Ashle	y		Martho	Lawrence
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURED NO.	17. INFORMANT	6 4 1 4	ADDRESS
Unk. 27	£-4852	Mrs. Dorothy	S. Ashley	(Same)
18. 4.20.11	LAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	S	AP.	0	, , , ,
(This does not mean the made of dying, e.g.,	EXAMINER	ut Gorana	7 Xarsuffice	eseg luver
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Z X		, pW	1
ANTECEDENT CAUSES	The state of the state of	renary Je	ler on	2 5 years
DISEASES OR CONDITIONS, if any, giving	MEDICAL			
rise to the obove couse (A) stating the	E E F			
11	< 1			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	TON			
19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Yes or No	10 OF THE STATE OF	FINDINGS CONSIDERED USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., in form, foctory, street, of	or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Soltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
While (APPROX.)	At Work	e 🔲		
22. 1 certify that (1) (this hospital) ottended the	_	940	9 to 7 =	12-47 19.
that (I) (we) last sow the deceased olive an				
ond hour and from the couses stated above. (1) (1				
23A. SIGNATURE	· c / (=10 / (did iidi) +	Tow The body Offer deoffi.		23B. DATE SIGNED
4. M. Jonks	M.D. Atle	mding Med.	Stoll Phys.	7-12-67
23C. PHYSICIAN'S		23D. ADDRESS	111/3.	1/20/
NAME (Type) W FAKE	M.D.	4508 Harfe	orl Prom	187 -12111
	E of CEMETERY of CRE	10-011-0	OCATION (Ci	ty, town, or county) (Stole)
REMOVAL (Specify)	, , ,	etery	Baltimore	. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF I		25C. FUNERAL DIRECTOR		ADDRESS
JUL 14 1967 (R. P	For Course	Leonard J.	Ruck. Inc.	Balto. Md. 21214
VS 150~REV. 1/1/65			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



Otra	BALTIMORE CI	ITY HEALTH DEPARTMENT		en enco
IRTH NO 67.	6762 CERTIFIC	ATE OF DEATH	Registered No.	01. 0/02
, NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	1 /3
GEORGE EDWARD I	DeFOREST	7.	/13/67	12 p.m.
PLACE OF DEATH IN BALTIMORE, MARYLAN	1D	4. USUAL RESIDENCE (WHO		institution: residence before admission)
FULL NAME OF (If not in hospital or ins	titution, give street	MARYLAND		
HOSPITAL OR address or location)		C. CITY OR TOWN (If or	itside city limits, write	RURAL and give township)
4		BALTIMORE D. STREET ADDRESS	rurol, give location)	9-00
TUNION MEMORIAL HOS	PITAL	623 HOMES		,
	ARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
M	M MINORCED (specify)	10/7/30	10st birthday)	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B. I		TRY 11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT COUNTRY?
	ETH. STEEL	MASS.		U.S.A.
OBSERVER B	ETH STEET	14. MOTHER'S MAIDEN NA	ME	0.00
Charles R. DeFore	est, Sr.	Theresa V	lool .	
. Was Deceased Ever in U. S. Armed Forces? es, no or unknown)(If yes, give wor or dates of	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
YES KOREAN WAR	016-24-32	12 ELIZABETH J	. DeFORES	r 623 HOMESTEAD S
18. 4 = 3 10		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y			ONSET AND DEATH
LEADING TO DEATH		ENTRICULAR STA	NDSTILL -	-6)
(This does not mean the made of dyin heart failure, osthenia, etc. It means the				
injury or camplication which coused deal				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,				
rise to the above cause (A) state UNDERLYING CONDITION last.	ng the (C)			
ti				
OTHER SIGNIFICANT CONDITIONS CONTI				
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
OTHER SIGNIFICANT CONDITIONS CONTI	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
		NO	44.	
OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street,	g., in or obout 21C. WHERE DID INJURY OCCUR?	(If in Baltimo	re City, give exact lacotion)
	etc.)			
21D. TIME (Month) (Doy) (Year) (Ho OF INJURY		21F. HOW DID IN	JURY OCCUR?	
(APPROX.)	While At Work Not W	ork	11 4,	0 0 1
22. I certify that (I) (this hospital) atte	ended the deceosed from	7-13-67. 171	19/he 10cm	of deale
that (I) (we) lost sow the deceased oli	ve on	19ond tl	hot in (my) (our) op	
and hour and from the causes stated o	bove. (1) (We) (did) (did and	1) view the body ofter death.	-	
23A. SIGNATURE		,	-	23B. DATE SIGNED
110		Attending Med. Phys. Director	Stoff Phys.	5/22//5
23 C. PHYSICIAN'S	_	23D. ADDRESS	rnys.	7/13/67
NAME (Type) TOO	AMAN M.	UNION MEMORI	AL HOSPIT	AL BALTO.
IA. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF			City, town, or county) (State)
REMOVAL (Specily)	and the state of the state of	240.	TO CATION	eng, town, or county) (side)
BURTAT 7/17/67	BALTO NAT		ALTIMORE	MD.
JIII 17 1967	O & O LA D. MI	HENRY W. J	ENKINS &,	SONS
901 7001 100	wern C. Monday	11 9 3 4	4	905 YORK ROAD
S 150-REV. 1/1/65		W		



1-363	or or	BALTIMORE CIT	Y HEALTH DEPARTMENT		OF OMOS L
BIRTH NO. 6 7-1433	267 67	CERTIFICA	TE OF DEATH	Registered Na	6/ 6/63
M.E. CASE NO.				ID HOUR OF DEATH	
(Type or Print) STROU	D. IDA M	IAE BABY	Boy July	9,1967 1	:40 DM . N
3. PLACE OF DEATH IN BALT			4. USUAL RESIDENCE (When	e deceased lived. If insti	itution: residence before admission
FULL NAME OF (If not	in hospital or institution	7445	MARYLAND		
HOSPITAL OR oddres	ss or tocotion)		C. CITY OR TOWN (If out	tside city limits, write RU	RAL and give township)
	ORE CITY HOS		BALTIMORE	,	X-06
	ASTERN AVENU			rural, give lacation)	
5. SEX 6. RACE	ORE 21224, N	IARYLAND ED. NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
MALE NEG	RO NEVE	WED, DIVORCED (specify) ER MARR IED	7/7/67	last birthday) /	Manths Days Hours Min.
toA. USUAL OCCUPATION (Give done during most of working life, ex		OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	-	-	MARYLAND		U.S.A.
13. FATHER'S NAME	-0-		14. MOTHER'S MAIDEN NAM	ME	
ALEX S	TROUD		1DA MAE		
15. Was Deceased Ever in U. S (Yes.no ar unknown) (If yes, give	Armed Forces?	e) 16. SOCIAL SECURITY NO.	17. INFORMANT	/	ADDRESS
			ALEK STROW	D 15	16 WOFE ST
18. 7/8 4		CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CON		~ ~	1 70	104114	ONSEL WIND DEWILL
LEADING 1		(A) Tes	printry tailer	20. (UTretecto	el,
(This does not mean the heart failure, asthenia, et	c. It meons the diseo	.g., DUE TO	usupria ?)		
injury or complication wi		12 72	maturity &		
ANTECEDEN		DUE TO	A		
rise to the obove of			Sepsis ?)		
UNDERLYING CONDITION					
7					
OTHER SIGNIFICANT CON	NOT RELATED TO	THE			
DISEASE OR CONDITION 19A. DATE OF OPERATION		R WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES. WERE FIR	NDINGS CONSIDERED
OTHER SIGNIFICANT COITO THE DEATH BUT DISEASE OR CONDITION 19A. DATE OF OPERATION 21A, ACCIDENT WAS UN	WAS PERFORMED		YES	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UN	DERLYING	21B. PLACE OF INJURY (e.g.,	in at about 21 C. WHERE DID		City, give exact location)
OR CONTRIBUTING CA		nome, form, lactory, street, etc.)	office bldg., INJURY OCCUR?		
O 21D. TIME (Month) (E	Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		White At Not Wh			
22 1 (1) (1)		Work At Work	0 0	10/5.	Del G 1015
22. I certify that (I) (th		11.11.0	guly 7	19 67 10	ly 9 19 6 7
that (1) (we) last saw th		m		at in (my) (aur) (opini	an death accurred an the dat
and have and from the a	auses stated above	(1) (We) (did) (did nat)	view the bady after death.		
0.	A . A . A A	M.D. At	tending Med.	Staff 2	23B. DATE SIGNED
	1. MONTEZ	UMA MILL PH	ys. Director	Phys.	T/7/67
23C. PHYSICIAN'S NAME (Type)			23D. ADDRESS	BAL	TIMORE 21224, MD.
DR. F		NTEZUMA M.D.	BALTIMURE CITY	HOSPITALS 494	40 EASTERN AVENUE
24A. BURIAL CREMATION, 24 REMOVAL (Specify)	B. DATE 24C	.NAME of CEMETERY of CI	REMATORY 24D. L		Maryland (Stole)
Cremated	7-11-67 B	altimore City I	Mospitals 4940	Eastern Ave	nue, Baltimore,
25A. DATE REC'D BY HEALTH	DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	AT. DISPOSA	ADDRESS
7000 1	7 1967 1 03	6 E. Farleyns	GHODETTE	EL DIOLOGE	7.17
VS 150-REV. 1/1/65	TOWN THE CO				



RIPTH NO.

shows: (1)

MILAL 12. DATE AND HOUR OF DEATH ed. If institution: residence before admission) ond give If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY ADDRESS enna. INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in (my) (see) apinion death accurred on the date 238. DATE SIGNED approval deceased written ap 24A. BURIAL GREMATION, REMOVAL (Specify) 24D. LOCATION tawn, or county. TIA WS MCMOTIA ATUNDEL EUNERAL DIRECTOR VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

	BALTIMORE CITY	HEALTH DEPARTMENT	67 6765
m-360 67 (CERTIFICA	TE OF DEATH Regi	stered Na. 67 6765
A.E. CASE NO.			OF DEATH
	DRENCE	2. DATE AND HOUS	V1967 6:57 1.
PLACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (Where deceos	ed tived. If institution: residence before admission
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location)		MARYLAND C. CITY OR TOWN (If outside city	limits, write BURAL and give township
BALTIMORE CITY HO 2940 Eastern Ave.	SPITALS	BALTIMORE D. STREET ADDRESS (If rurol, give	26-1C
baltimore, Maryland # 21	224	4940 Eastern Ave.	# 21224
SEX Finale 6. RACE WILL	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify) 1 NIPOWED	3/6/9/	In yeors of Under 1 Yr. If Under 24 His Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B, KI one during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE state or foreign country MARYEAND	y) 12. CITIZEN OF WHAT COUNTRY?
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OSPITAL		437
JOSHUA GREA	AVES	14. MOTHERS MAIDEN NAME LENA - R	CKER
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS 07.001
(es, no or unknown) (If yes, give wor or dotes of se	SECURITY NO.		stern Ave. Baltimore, Md
18.434.11	CAUSE C	FDEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying,	(A) BR	ONCHOPNEUMUNIA	2DAYS
heart failure, asthenio, etc. It means the di injury or complication which coused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating UNDERLYING CONDITION lost.	(B) COA	IGESTIVE HEART FA	RURE SYRS.
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION		PHYSETMA IUNGS. YES, WERE FINDINGS CONSIDERED REFLING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	TEO	YES (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	if in bollmore City, give exoct locononi
21 D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Work At Work		CUR?
22. I certify that (G) (this hospital) atterthot (M) (we) lost saw the deceased oliv	e on 14 JULY	29. April 1961	(our) apinian death occurred an the do
23A. SIGNATURE	ich M.D. Att	ending Med. Stoff Phys.	14 JULY 1967
23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RUSSELL De	1-11CKS M.D.	23D. ADDRESS 4940 EASTER EMATORY 24D. LOCATION	ENAVE BAIRMORE

The state of the s

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	the the
	s approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased al (except where the physician who pronounced death was in regular attendance on the h); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	er. er. ctu
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	S W S
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	-+ N 2 D 2

W-2-C-W	BALTIMORE CITY	Y HEALTH DEPARTMENT	
BIRTH NO. 67	3766 CERTIFICA	TE OF DEATH Registered No.	67 6766
M.E. CASE NO.	OLICITI 107	2. DATE AND HOUR OF DEATH	
(Type or Print) ICKEY M	ADIE B.	2/14/67	830 AM
3. PLACE OF DEATH IN BALTIMORE MARYLAND	THE D	4. USUAL RESIDENCE (Where deceased lived, If ins	titulian: residence before admission)
FOLLARM OF AND not in hospital or institution	220114C	Md.	
		C. CITY OR TOWN (If outside city limits, write R)	JRAL and give township
BACTIMORE, MAY	ZUL AUD	Baltimore /	2000
-42		D. STREET ADDRESS (If rurol, give locotion) 2922 St. Paul St.	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
E Can Wild	OWED, DIVORCED (specify)	5-4-94 lost birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		RALTIMORE MARYL	1
13. FATHERS NAME		14. MOTHERS MAIDEN NAME	70.0
August Bouch	^=	MARY BRAUN	15.1
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	219-12-562	Mrs. Charles Henderso	n
118		4 2909 Guilford Av.	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	CAUSE	77 050111	ONSET AND DEATH
LEADING TO DEATH	(A) ME	MASTATIC ADENOCARE	wint
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis	e.g., DUE IO	MALL INTESTINE Z INTE	TRAL
injury ar camplication which coused death.)	ARK!	TRUCTION	GWEEKS
ANTECEDENT CAUSES	DUE TO		300000
DISEASES OR CONDITIONS, if any,			
rise to the abave cause (A) stating UNDERLYING CONDITION last.	The (C)		
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE		
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CAU	SES OF DEATH?
1 21A. ACCIDENT WAS UNDERLYING	BOWEL ODS	in or about 21 C. WHERE DID (If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	office bidg., INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hours	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY (APPROX)	While At Not Whi	ile	
22. I certify that (1) (this hospital) otten			14-6-7
	· · · · · · · · · · · · · · · · · · ·		- /
that (4) (we) last saw the deceased alive			ign death occurred on the date
and haur and from the causes stated abo	ve. 21 (ne) (are sen)	view the bady after death.	23B, DATE SIGNED
1 1 / Ssin On		tending Med. Stoff	alulles
23C. PHYSICIAN'S	Ph	23D. ADDRESS	-1/19/67
MAME (Type)	BEATLES M.D.	1 11 -	2.74
24A. BURIAL CREMATION, 24B. DATE	AC. NAME OF CENTETERY OF CE	MARIGERTAL) OUND NO-	f town, or county) (Stote)
REMOVAL (Specify)	/		
Burial 7/17/67	Loudon Parl	k Cem. Baltimore	Md.
111 17 1967 R.O.	Be & frelling	Witzke F. D 4101 Edmo	
VS 150-REV. 1/1/65	KIND, C. YOURS, IN		

data (18) 1734000000 , all presented as Paradicaring disease of the edition

FUNERAL DIRECTOR: IMPORTANT	4)
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	spital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	Deceased Sice on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to d	eath. Such

	pe or Print) RECKTENWA		177	AND HOUR OF DEATI	
3. P	PLACE OF DEATH IN BALTIMORE, MARYLA			-13-67 here deceased lived. If	institution: residence before odmiss
F	FULL NAME OF (If not in hospital or in	stitution, give street			Balitomore
ŀ	HOSPITAL OR oddress of locotion)		COTTY OR TOWN (III	outside city limits, write	RURAL and give township)
	COMMUNITY NURSING	/	Balitmore D. STREET ADDRESS	Maryland I rurol, give locotion)	1 33-01
0	BOLTON HILL NURSIN	G CENTER	-Belton Hi		
5. S		MARRIED, NEVER MARRIED	B, DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24
	Male Causcian	WIDOWED, DIVORCED (specily)	1-7-1875	lost birthdoy) 92	Months Doys Hours Mi
	A. USUAL OCCUPATION (Give kind of work 10B.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
don	Retired		Maryland		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Andrew Reckenwald	Recktenwald	Elizab	th t(Sanger)	
15. V	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give wor or dotes of	11 6. SOCIAL	17. INFORMANT	- April of	ADDRESS
	703, 9170 901 01 00103 01	JECORITI NO.			
	18. 6 10 X	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	rLY	· P.	•	
	LEADING TO DEATH (This does not mean the made of dying)	(A) U	ance / come	19	Leveral well
		diseases			
	heart failure, asthenia, etc. It means the	disease,			h
	injuly at camplication which caused dea	(B) Wei	antract in fer	tion	years
	ANTECEDENT CAUSES	(B) Wind	autract in for	tion	years
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta	giving (c) M	rangtoact in fectation	tion	hin years!
	injuly at complication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta UNDERLYING CONDITION tast.	giving ting the (C) MS	autract in fer tatic he pertrops	tion	hin years!
N.	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION tast.	·	rantoact infer fatic he pentrop	tion	rin Gears!
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION tast.	TRIBUTING	tatic Repentrop	tion	hin Gears!
IIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) sto UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CON'TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TRIBUTING TO THE ON FOR WHICH OPERATION	fatic he pentrope	No) 20B, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) sto UNDERLYING CONDITION to the control of the DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS PERFORM	TRIBUTING TO THE ON FOR WHICH OPERATION MED	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the obove cause (A) sto UNDERLYING CONDITION to the DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF	TRIBUTING TO THE ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
CAL CERTIFIC	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the abave cause (A) sto UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITIONS CONTO CONTRIBUTING CAUSE OF CONDITIONS CONTO CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, celc.)	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID liffice bidg., INJURY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
CAL CERTIFIC	Injury at camplication which caused decomply at the course of the course	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) Lour) 21 E. INJURY OCCURRED While At Not Whi	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID liftice bidg., INJURY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
EDICAL CERTIFIC	injuly all camplication which caused dec ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) sto UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19R. CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	TRIBUTING TO THE ON FOR WHICH OPERATION MED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) 21 E. INJURY OCCURRED While At Not White At Work	20 A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID liftice bidg., INJURY OCCUR?	No) 20B. IF YES, WERING CO. (If in Boltime	E FINDINGS CONSIDERED AUSES OF DEATH? OTE City, give exact locotion)
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-	-324 H NO. 67.	CHCS	HEALTH DEPARTMENT	67 6768
	H NO. O I,	6768 CERTIFICA	TE OF DEATH Registered	No. 94 0700
1, N	AME OF DECEASED	ADI	2, DATE AND HOUR OF DE	
3. F	STIGLER, C		JULY 10, 19 4. USUAL RESIDENCE (Where deceased lived.	
ſ	ULL NAME OF (If not in hospital or in:	stitution, give street	MARYLAND	Bullita
ŀ	IOSPITAL OR oddress or locotion) NSTITUTION		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
	ST. AGNES	HOSPITAL	B SOUTH GLEN AVE. D. STREET ADDRESS (If rural, give location	1
	40		DELLA, MARYLAND 211	16
	ALE WHITE	WIDDOWED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday) 78	If Under 1 Yr. If Under 24 Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 10 B. during most of working lile, even if retired)			12. CITIZEN OF WHAT COUNTRY?
2	RETIRED T	EX/1/E MIL	MARYLAND 14. MOTHER'S MAIDEN NAME	U.S.A.
4		h STIGLER	ENKNOWN KATHERIA	VE Thommy
5.	Nos Deceosed Ever in U. S. Armed Forces? .no or unknown) (If yes, give wor or dotes of		17. INFORMANT	ADDRESS
Tes	YES WWI	service) SECURITY NO. 213-09-1-118	ST. AGNES HOSPITAL	RECORDS
	18. 4 40 1	CAUSE OI	DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	plilation of both bo	uses ONSEI AND DEATH
	(This does not meen the mode of dying	ng, e.g., DUE TO	de & Preum	me
	heort foilure, ostherio, etc. Il meons the injury or complication which caused deal	th.)	orași, orași, orași,	
	ANTECEDENT CAUSES	DUE TO		
	DISEASES OR CONDITIONS, if ony, lise to the obove couse (A) stol	et all the second secon		
	UNDERLYING CONDITION Iosi.			
NO	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING		
CAT	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION	ON FOR WHICH OPERATION	120A ALITOPEY2 (Yes or No.) 20R IE VES W	EDE EINDINGS CONSDEDED
RTIFI	WAS PERFORM		20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	CAUSES OF DEATH?
L CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21 C. WHERE DID IIf in Baltice bldg., INJURY OCCUR?	imore City, give exact location)
IC AL	DEATH (notify medical examiner)	etc.)		
MEDI	21D. TIME (Month) (Doy) (Year) (Ho OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this haspital) at	Work At Work	ULY 9 19 67 10	JULY 10 10 6
	that (1) (we) last saw the deceased al	IIII V 10	67	apinian death accurred an the
	and haur and from the causes stated o		,, (,	The second secon
	23A. SIGNATURE			23 B. DATE SIGNED
	Jana Ch	Phy:		10-67
	23C. PHYSICIAN'S NAME (Type)	11	SD. ADDRESS	21229
24/	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	ST. AGNES HOSP; CATON	(City, town, or county) (Sto
	Burial 7-14-67	7 NEW CATHER		md.
		NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	eal Felliust?
254		A 190 A	I have a second to the second	

Thiles, SARL

THE 10, 1967

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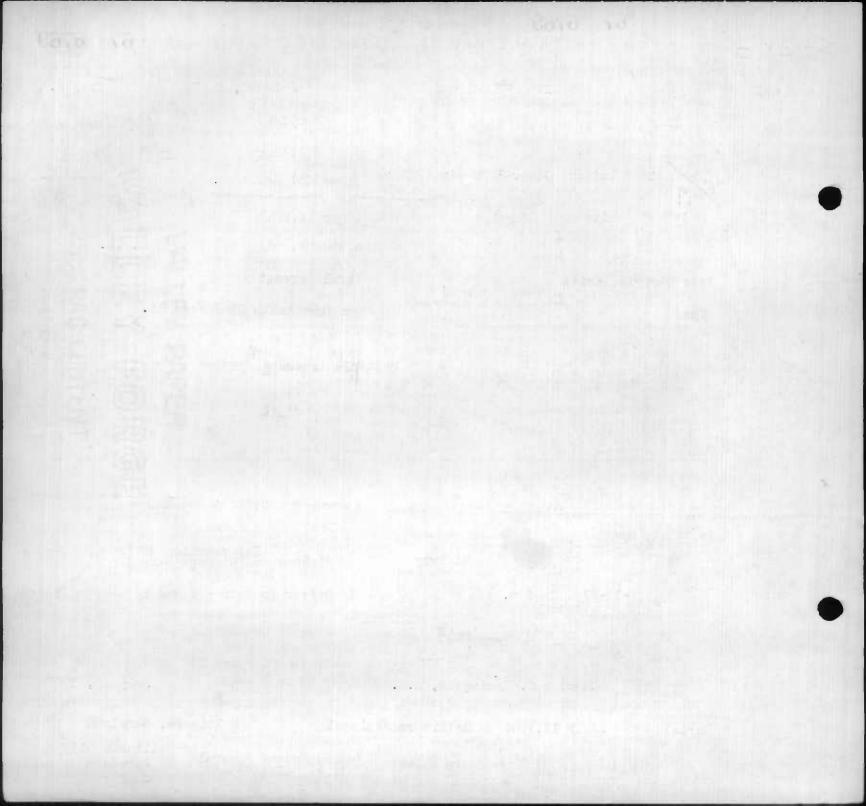
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BIRTH NO.	EDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No. D.	J
M.E. CASE NO.		/\	
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR PRONOUNCED DEAD	
D	AVID KEITH	July 13, 1967 2:45 A.	M.
3. PLACE IN BALTIMORE, MARYLAN FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR INSTITUTION	DSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admis A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	sion
South Baltimor	e General Hospital (DO	Baltimore 5 3 0) D. STREET ADDRESS (If rural, give locoson) 3167 Bero Road	
5. SEX 6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH October 11,1942 9. AGE (in yoors lif Under 1 Yr. If Under 24 Months, Doys Hours, Months, Months	Hrs.
10A, USUAL OCCUPATION (Give kind of done during most of working lite, even if re	of work 108, KIND OF BUSINESS OR INDUST	Baltimore, add 12. CITIZEN OF WHAT COUNTRY?	
late Darryle Keit 15. WAS DECEASED EVER IN U.S. A (Yes, no orunknown) (If yes, give wor o	RMED FORCES? 16. SO CIAL	14. MOTHER'S MAIDEN NAME Veral Garrett 17. INFORMANT ADDRESS mrs Vera Keith 3167 Bere Rd.	
DISEASE OR CONDITION LEADING TO DE CONDITION LEADING TO DE CONDITION CONDITI	N DIRECTLY EATH de of dying, e.g., neons the disease, used death.) NUSES IF ANY, GIVING (A) DUE TO DUE TO DUE TO CONS CONTRIBUTING	SE OF DEATH Multiple traumatic injuries Multiple traumatic injuries	
VA 21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	JSING IT. CONDITION FOR WHICH OPERATION S PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) highway	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes Yes William Procedure City, give exact location) Intersection of Key Highway and Clement Street	0
21D TIME (Month) (Doy) OF INJURY (APPROX.) 7-13-67 22. I certify that I held a resulted fram: Nature	2:05 Am. WHILE AT AT	T WHILE X Driver in auto - fixed object collist Autopsy X and that an this basis, death in my apinion ide Hamicide Undetermined manner	sic
NAME (Type)	cles S. Springate, M.D.		7
23A. BURIAL CREMATION, REMOVAL (Specify) Burial July	23C. NAME of CEMETERY 17,1967 Baltimore		e)

JUL 17 1967 Robert E. Farlingas

Ellicott City Maryland

VS 151-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death the body was released to the hospital by a medical examiner. Also, if the direct or shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undewas D.O.A. at a hospital (except where the physician who pronounced death was in vertice of any kind; (6) No physician was in regular attendance on the decention of the object of the parameters.		f death oct or () Under was in he dec
certificate must be approved by the chief medical examiner or his as body was released to the hospital by a medical examiner. Also, if ws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any is D.O.A. at a hospital (except where the physician who pronounced eased prior to death); and (6) No physician was in regular attendants.	TANT	the dire kind; (4 death rce on t
certificate must be approved by the chief medical examiner o body was released to the hospital by a medical examiner. I ws: (1) An accident of any nature; (2) Body burns; (3) A fracture; D.O.A. at a hospital (except where the physician who promested prior to death); and (6) No physician was in regular a deased prior of must he obtained before the require an approximate the obtained before the requirements.	IMPOR	VIso, if of any ounced ittendan
certificate must be approved by the chief medical body was released to the hospital by a medical ws: (1) An accident of any nature; (2) Body burns; (3 D.O.A. at a hospital (except where the physician eased prior to death); and (6) No physician was in a proposity must be obtained before the remains	RECTOR:	examiner. 3) A fracture who pron n regular are embalr
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certificate body was r ws: (1) An a c D.O.A. at eased prior		must be a cleased to ccident of a hospital to death)
W S W		dy was r: (1) An a s.O.A. at csed prior
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150)-	OPY OPPO BALTIMORE CIT	Y HEALTH DEPARTMENT 67, 6770
74 F F F F F F F F F F F F F F F F F F F	BIRTH NO. 67 6770 CERTIFICA	ATE OF DEATH Registered No.
death death ease n th	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
of death of death Deceased e on the ath. Such	BURGESS, JOHN CHARLES	JULY 12, 1967 9:15 Pm.
spit b of 5) De nce eath	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
U - 43	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address or location)	MARYLAND Howard Co.
caus use; (sus tenda r to c	ST. AGNES HOSPITAL	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	MA.	ELLICOTT CITY D. STREET ADDRESS (If rurol, give location)
ring d cau	40	563 FREDERICK RD.
7 0 0 D	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
occur ontrik ermin regul eased is ma	MALE WHITE WIDOWED, DIVORCED (specify) MARRIED	7/23/98 68
co dete in r	10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR 10A during most of working life, even if retired)	WHAT COUNTRY?
or or is i	RETIRED B & O RR	MARYLAND U.S.A.
dispositi	13. FATHERS NAME	14. MOTHER'S MAIDEN NAME //S
dird dird dird dir dis	ELMER E. BURGESS DEC D 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ROSETTA (REE) BURGESS DEC D
40.5000	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. CATON & WILKENS AVE.S, BALTO., MD. 21229 HOSPITAL RECORDS-ST. AGNES HOSPITAL
N T . E	YES UNKNOWN UNKNOWN	OF DEATH INTERVAL BETWEEN
S	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
Also Also and antennation	LEADING TO DEATH	Ujocardial infanction, acute
fractu o pro gular emba	injury or complication which caused death.) ANTECEDENT CAUSES (B)	7 S UD
A fu	DISEASES OR CONDITIONS, if ony, giving	
3) XX E		
ical is; rs; cia as	II	
edice burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TE Y C.D.O	A DISEASE OR CONDITION CAUSING II.	20A. AUTOPSY? (Yes or Not) 20B. IF YES, WERE FINDINGS CONSIDERED
by a 2) Body re the physic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	, in or obout 21C. WHERE DID III in Boltimore City, give exact location office bldg., INJURY OCCUR?
y the	DEATH (notify medical examiner)	
hosp nature ept w d (6)	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY While At Not Wi	21F. HOW DID INJURY OCCUR?
> = 0 7 7	Work At Work	rk 🖳
the any (exc	22. I certify that (X) (this haspital) attended the deceased from that (X) (we) lost sow the deceased alive on JULY 12,	JULY 10, 19 67, 10 JULY 12, 19 67,
of of of poly		
ust be a cased to dent of ospital death) must be	ond hour ond from the couses stoted obove. (IX(We) (did) (XXX)(xot)	view the body after death. 238. DATE SIGNED
SU DE COL	M.D. A	thending Med. Stoff Phys. 01-12-67
ac acc	23C.PHYSICIAN'S NAME (Type)	23D. ADDRESS
ificate m y was rel l) An acc A. at a l d prior to	NAME (Type) / CORBULY M.C	At Para State TI-OT Shill
# ~~ ~ A	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or C	REMATORY 24D LOCATION (City Town, or county) (State)
his certi he body hows: (1, ras D.O. eceased	BURIAL. 7-15-67 ST. JOHNS.	ELLICOTT CITY, Md
This cer the bod shows: was D.C decease	25A. DATE REC'D BIJULET 7 1967 25B. NAME OF REGISTRAR	HIGHNEO MADER -SINCK Elliadores CITY
サキャッション	VS 150-REV. 1/1/65	France of Hom E pich.

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07-12-6

	20 MG	BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 6774
BIRTH NO.	67 6	CERTIFICA	TE OF DEATH	Registered Na	01 0111
M.E. CASE NO.			2. DATE AN	D HOUR OF DEATH	
Type or Print) LOFR	ANCE AL	BERT	717	4	1130 A
3. PLACE OF DEATH IN BA			4. USUAL RESIDENCE (Where	e deceased lived. If ins	titution: residence before admission
			A, STATE B, COUN		Buth
HOSPITAL OR odd	eat in hospital or institut ress or location)	ion, give street	C. CITY OR TOWN (If out	ΔV	11801
INSTITUTION	AME AND	HASDITAI	BALTIME		OKAL one give lownship)
CHURCH	DIME AND	HOSPITAL		urol, give location)	20.00
BALTIMORE	MYDYNA			ORKWAY	
5. SEX 6. RACE		ID 21231	1	AGE (In years	If Under 1 Vr. If Under 24 Mis
	WIDO	OWED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
		MAPRIED D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	64	12. CITIZEN OF
done during most of working life,	even if retired)				WHAT COUNTRY?
ENGINEER	RAI	LROAD	MASSACHUSS	BETS	AMERICA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAA		
MKNOW	N LAT	FRANCE	HIKNOWA	CARMEL	14 CARMAN
5. Was Deceased Ever in U. Yes, no or unknown) (If yes, gi	S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	-,,	ADDRESS
res, no or unknown litt yes, gi	ve wor or dotes of serv		hade the had	. 11500	2617
18. / / /		705-12-4014	MRS LYDIA MA	ELAPICAN	INTERVAL BETWEEN
1651		CAUSE O	r DEAIN		ONSET AND DEATH
	NDITION DIRECTLY TO DEATH	APPE	פוזנו מאור עמפי	LOGIDAGE	
(This does not meon		e.g., DUE TO	BRO VASCULAR	Accide MI	
heort foilure, osthenio,	elc. Il meons the dise				
injury or complication		MET!	ISTATIC LUNG	CANCER	
	ENT CAUSES	DUE TO	••••••••••••••••••••••••••••••••••••••		
DISEASES OR CONE					
UNDERLYING CONDI				***************************************	
	II -				
OTHER SIGNIFICANT C					
DISEASE OR CONDITIO	N CAUSING IT.				
19A. DATE OF OPERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAL	INDINGS CONSIDERED
		Total at the an investment of			
OR CONTRIBUTING C	AUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of		(It in Baltimore	City, give exact location)
U	comined	etc.)			
W OF INTLIEN	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX)		While At Work Not While At Work			
22	hill haminal\ assaul	ed the deceased from		017. 7	-11 1967
			6-17	967 10 7	196
that (I) (we) last saw				it in(my) (our) apin	ian death accurred on the da
	causes stated abov	e. (I) (We) (did) (did nat) v	lew the bady after death.		
23A. SIGNATURE	1 6				23B. DATE SIGNED
Jose	y. Orly	M.D. Atte	ending Med. Director	Stoff Phys.	7-11-67
NAAAE (/Tyna)			23D. ADDRESS		
Tos	E 4.00	T12 M.D.	CHURCH	STAME S	HOSPITHE
24A. BURIAL CREMATION,	24B. DATE 24	C. NAME of CEMETERY of CRE	MATORY 24D. LC	CATION (Cit	y, town, or county) (Stote)
REMOVAL (Specify)					
10016186	2/4/20	100001	day boomis	and the same of the same	DA
DATE DECID OF HEALT	7/4/67	LAFAYETTE h	IE MORIAL UN	NONTOWN	PA
25A. DATE REC'D BY HEALT	7/4/67 D	ME OF REGISTRAR	1E MORIBL UN 25C. FUNERAL DIRECTOR	NONTOWN	PA ADDRESS
25A. DATE REC'D BY HEAL	7/4/67 H DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR ULLRICH FU	VERAL HO	PA ADDRESS ME-DUNDALIT A

DATE OF HELL TAXA DWIN HEADING

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l les	if death rect or (4) Undet was in the dec
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death or irred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
: IMPC	r. Also, iure of ar ronounce ir attend
RECTOR	examine examine 3) A fract who pi n regula
RAL DII	medical medical burns; (physiciar an was i
FUNE	the chief (2) Body ore the physicial
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•	be appreed to the nt of any pital (ex sath); ar
	ate must as releas n accide at a hos rior to de
	body we ws: (1) A body be body we body we body we body we he body body.
	Thir the sho was

		IRTH NO. 67 6772 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 67 6772						
	1. N	NAME OF DECEASED YOU OF Print) ANNA MARIE CHETELAT				2. DATE	AND HOUR OF DEATH LY 2, 1967	5:50P M.
		FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) INSTITUTION ST. AGNES HOSPITAL				MARY LAND	UNTY	stitution: residence before odmission)
						BALT I MOR	E	URAL ond give township)
	4	BAEKENSE	E, CATO	N AVE 21229		3306 MCS	(II rurol, give locotion) HANE WAY	
3		EMALE WHI	ITE		RCED (specify)	11/23/92	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		during most of working life, RETIRED		OB, KIND OF BUSIN	IESS OR INDUSTRY	GERMANY	oreign country)	12. CITIZEN OF WHAT COUNTRY? USA (55 YRS)
	13.	UNKNOWN		DEC 1D		UNKNOWN	DEC	1D
3	15. (Yes	Was Deceased Ever in U. s.no or unknown) (II yes, given)	S. Armed Force ve wor or dotes	of service) 16. SC 2 1 3	CURITY NO. BO78922A	ST. AGNES	RECORDS WIL	KENS & CATON AVE
333333333333333333333333333333333333333		(This does not mean theart failure, asthenia, injury ar camplication v	TO DEATH the mode of course living the course (A)	dying, e.g., he diseose, leath.)	(A) DUE TO (B) DUE TO (C)	banal and	aret idd. thi	INTERVAL BETWEEN ONSET AND DEATH
	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				5 Melli	lus	
	ERTIFIC	19A. DATE OF OPERATIO	WAS PERFO	TON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
	CALC	21 A. ACCIDENT WAS U OR CONTRIBUTING C. DEATH (notify medical ex	AUSE OF	21B. PLACI home, form etc.)	E OF INJURY (e.g., i , foctory, street, o	n or obout 21C. WHERE DID lfice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
3	MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year)	(Hour) 21E, INJUI While At Work	Not While		NJURY OCCUR?	
		23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) G. PATRICK	the deceased	attended the dec	(did) (1)(X)(X)	7/1/67		2/67
	24 A	REMOVAL (Specily)	July 7/6		vm Cemeter		altimore Coun	ty, town, or county) (State)
		A. DATE REC'D BY HEALT		58. NAME OF REG		25C. FUNERAL DIRECT	OR	ADDRESS 2 Dundalk Ave

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DIRECTOR:	f medical examiner
	medical
FUNERAL	y the chief
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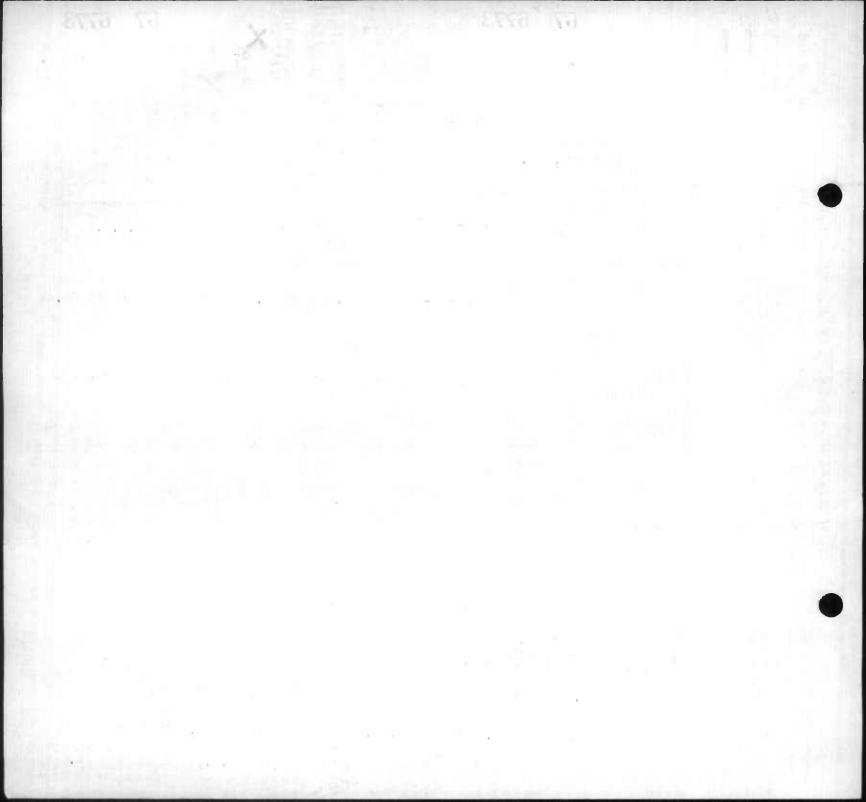
approved

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occurred

Registered No. CERTIFICATE OF DEATH BIRTH NO. d in a hospital and ng cause of death cause; (5) Deceased Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1:00 P. (Type or Print) ПО NEWTON E. TAYLOR death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) attendance contributing cause Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give township INSTITUTION 0 Turner Station Baltimore City Hospital prior 1940 Eastern Avenue D. STREET ADDRESS (If rurol, give location) 217 Chestnut Street Baltimore, Md. 21224 (4) Undetermined regular is mad 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. eceased Months Doys WIDOWED, DIVORCED (specify) 12/26/1904 lost birthdoy) Hours Male Negro 62 Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition Ξ done during most of working life, even if retired) Bethleham-Steel Cumberland. Virginia U.S.A. Ö MOS the 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the direct Mary Taylor George Taylor death No D kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance Mrs. Carrie L. Taylor 217 Chestnut St. 213-07-4008 A fracture of any CAUSE OF DEATH unced 0 INTERVAL BETWEEN ONSET AND DEATH Also, DISEASE OR CONDITION DIRECTLY embalmed Acute Mycardial Infraction LEADING TO DEATH prono (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. ular injury or complication which caused death,) Arteroscleratic Heart Disease 3 years ANTECEDENT CAUSES regi DUE TO DISEASES OR CONDITIONS, if any, giving 3 ල ō rise to the above cause (A) stating the physician UNDERLYING CONDITION last. remains a medical MOS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body the CERTIFIC 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? OFE No 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING _ CAUSE OF to the hospital 0 <u>°</u> DEATH (notify medical examiner) etc.) any nature; MEDI 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While ((APPROX.) At Work pup present 22. I certify that (1) (this hospital) attended the deceased from 1967 that (1) (we) lost saw the deceased alive on 6/13 and that in (my) (aur) opinion deoth occurred on the dote An accident of death) hospital he body was released hows: (1) An accident ond hour ond from the couses stated above. (1) (We) (did) (did not) view the body ofter deoth. must 23A. SIGNAT PRI 238, DATE SIGNED Attending X M.D. Med. 7/7/67 0 approval Director Phys. 0 23C. PHYSICIAN'S 23 D. ADDRESS prior NAME (Type to 21222 Theo C. Patterson 105 Main Street 4 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased (City, lown, or county) (Stole) O written Cumberland, Virginia shows: 0 Mt. Olive Bapt.Ch.Cem 7/9/67 Burial 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Morton & Dyett F.H., 1701 Laurens St. VS 150-REV. 1/1/65

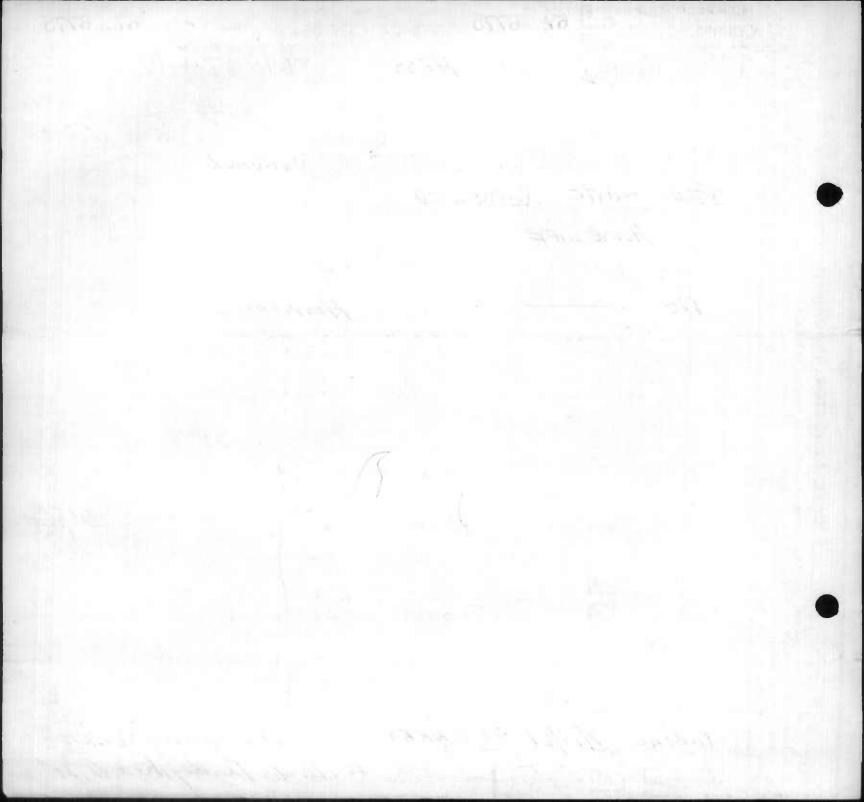
BALTIMORE CITY HEALTH DEPARTMENT



	н но. 67. 67.	774 CERTIFICA	HEALTH DEPARTMENT TE OF DEATH Registered No.	67. 6774			
1. N	CASE NO. AME OF DECEASED e or Print)		2. DATE AND HOUR OF DEAT	Н			
	Shaw-	Maggie	July 13 -	1961200 a.n			
		44	A. STATE B. COUNTY	Institution: lesigence before damassion			
1-	ULL NAME OF (II not in hospital or institut oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (If outside city limits, write	e RURAL and give township)			
ı.	THE JOHNS HOPKIN	S HOSPITAL	BALTIMORE	5-0			
,	33		D. STREET ADDRESS (If rurol, give locotion) 236 SILVER COURT 2	1231			
	EMALE NEGRO WIDE	NED, NEVER MARRIED WED, DIVORCED (specify) DOWED	8. DATE OF BIRTH 8-31-99 9. AGE (In years light day) 67	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.			
	USUAL OCCUPATION (Give kind of work) 108. KINI eduring most of working life, even if refired) HOUSEWIFE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13.	MACK MOORE	\$	14. MOTHER'S MAIDEN NAME FRANCES	'			
	Was Deceased Ever in U. S. Armed Forces? ,no or ugknown) (If yes, give wor or dates of servi	SECURITY NO.	17. INFORMANT Bertha allen 172	o E. Chase D			
	18.454XI	CAUSE O		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH (This does not meen the made of dying, e.g., DUE TO DUE TO						
	heort failure, asthenia, etc. It means the disease, injury or camplication which coused death,) ANTECEDENT CAUSES BUE TO Embolus or [8] Myocardial Infaction						
	ANTECEDENT CAUSES (B) Myocardial Infaction						
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the (C)						
	UNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE		1			
RTIFIC/	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?			
L CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	or obout 21 C. WHERE DID (II in Boltim	note City, give exact locotion)			
ō	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?				
<	(A PPROX.)	While At Not While At Work					
	22. I certify that (1) this hospita) attend			Tuly 13 1967			
			19.67 and that ir my (our) a	pinian death occurred an the do			
	and hour and fram the causes stated abov 23A, SIGNATURE	e. (1) (We) (did) (did nat) v	iew the body after death.	23B. DATE SIGNED			
	D 10 D H 0	O. Atte	nding Med. Stall	7/13/17			
	23C. PHYSICIAN'S	Phys	Director Phys. 23D. ADDRESS	1113/6/			
	DUDLEY D. GOUD	DEN, 3RD M.D.		HOSPITAL			
24A	BURIAL CREMATION, 24B. DATE 24			(City, town, or county) (Stote)			
1	Burial 7/17/67	mt. Calvan	g Q. a. Con	unty. Med			
25A	. DATE REC'D BY HEALTH DEPT. 258. NA	WE OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
	JUL 17 1967 P.P.	15 2 Stable MA	Joseph D. Kocks y	13041. Certiston			
νs .	150-REV. 1/1/63		71 ADV 100 000 1000 000 000 000 000				

67 6774 July 13 A State ! Probable Palmonary Embelos of Myocardial Infaction 1/2 S 5000 Rudbey D. How Doben Tit 2/13/57

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 67. 6775 CERTIFICATE OF DEATH Registered No. 67 6775
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH A PARTY OF THE PROPERTY OF THE PARTY OF THE PAR
Type or Print KLINE, MILDRED HESS 7-13-67 of Print
3. PLACE OF DEATH IN BALLMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street)
HOSPITAL OR oddress or location) [INSTITUTION C. CITY OR TOWN (If outside city limits, write RURAL and give township)
49 · 1552 5.45th 51 21224 53-00
MADTEL CHAPLES GENERAL LACITATION (If rural, give location)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs
WIDOWED, DIVORCED (specify) (12 () Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, SHRTHPLACE (State or foreign country) 12, CITIZEN OF
one during most of working life, even if retired)
HOUSE WIFE 14. MOTHER'S MAIDEN NAME
DARWEL HESS - LAURA LESSICK
5. Was Deceased Ever in U. S. Armed Forces? Yes, no of unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
100 - 22-130 HOSPITAL
18. 42 0 // INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CEREBRAL THROMBOSIS
(This does not mean the made of dying, e.g., DUE TO
heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES (B) HRTERIOSCLEROSIS HEIRT DURAGE
DISEASES OR CONDITIONS, it any, giving
rise to the above cause (A) stoling the (C) UNDERLYING CONDITION (as).
II.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY2 (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
you you
U 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 210 WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
0
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) Work At Work
22. I certify that (I) (this hospital) attended the deceased from
that (I) (we) last sow the deceased alive on 1-15 ond that in (my) (our) opinion death occurred on the do
and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Stoff Phys. Director Phys.
23C. PHYSICIAN'S NAME (Type) O C C C C C C C C C C C C C C C C C C
CARLOS AKANAGA M.D.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 7/18/67 ST. MARKS LEWISTOWN, PENNA.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
111 17 1967 A D. S. E. Farlowna St. Berds Roader, Harles, RF
VS 150-REV, 1/1/65



a hospital

IMPORTANT

FUNERAL DIRECTOR:

death.

deceased prior in regular

attendance

BALTIMORE	CITY HEALTH DEPARTMENT	O POLICE O
BIRTH NO. 25 67. 6776 CERTIFIC	CATE OF DEATH Registered No. 67	6776
M.E. CASE NO. 1. NAME OF DECEASED RUTH J. KLOS INSKI	2, DATE AND HOUR OF DEATH	
(Type or Print)	-1 1 1 2 2 30	8:30 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institutio	
	A. STATE B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	Ma.	
INSTITUTION 4940 Eastern Avenue	C. CITY OR TOWN (If outside city limits, write RURAL	ond give township)
2 1 Q Baltimore Maryland #21224	BALTIMORE	460
Dellemma Cele toppetals	D. STREET ADDRESS (If Turol, give location)	4
0 0000000		W 4 #21224
5. SEX 6. RACE 7. MARRIED WIDOWED, DIVORCED (specify	B. DATE, OF BIRTH 1923 9. AGE (In years If U Mont	nder 1 Yr. If Under 24 H ths Doys Hours Min.
Temale White Willewed	9//3/1	
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or foreign country) AND	CITIZEN OF WHAT COUNTRY?
aone during most of working me, even in termedy	Ballina, Main	US
13. FATHERS NAME	14. MOTHERS MAIDEN NAME	
done during most of working life, even if retired) 13. FATHER'S NAME JOHN WILD	(101.00) BITA	
	(l) ild) ELZA	1000000
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern	
	RECORDS: BCH / Baltimore, Ma	ryland #21224
18. / 7 / X I CAU	SE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	^	ONSET AND DEATH
LEADING TO DEATH	PNEUMONIA	DAYS
(This does not meon the mode of dying, e.g., DUE To heart failure, asthenio, etc. If means the disease, injury or complication which coused death,)		
injury or complication which coused death.)	70	
ANTECEDENT CAUSES (8)	JETASTATIC CARCINOMATIC	ING SMONT
DISEASES OR CONDITIONS, if any, giving		
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) storing the (C)	DENOCARUNOMA OF UTERINE CER	VIX 3-44R
UNDERLYING CONDITION lost.		,
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (onlife medical expenses)	20A. AUTOPSY? (Yes or Noi) 20B. IF YES, WERE FINDIN	IGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES	OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY		give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, stree	et, office bldg., INJURY OCCUR?	gre exect locollen
2 G		
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At 22. I certify that (I) (this hospital) attended the deceased frame	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Work At	While Work	
22 1 1/2 1 1/2	1/33 /3 "	1/12 10 10
		1//19_6
that (I) (we) lost saw the deceased alive an	and that in (nur) apprian a	death accurred an the d
and haur and from the causes seried above. (1) (Ve) (did) did n		16 37
	A CONTRACTOR OF THE PROPERTY O	DATE SIGNED
M.b.	Attending Med. Stoff Phys.	7/12/67
23C. PHYSICIANS	23D. ADDRESS 4940 Eastern Eve. Ba	It more Md. #2
NAME (Type)	M.D. 1921A . De F	

kind; (4) Undetermined cause; (5) Deceased if the direct or contributing cause of death or his assistant if death occurred in Was death was D.O.A. at a hospital (except where the physician who pronounced dec deceased prior to death); and (6) No physician was in regular attendance shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any This certificate must be approved by the chief medical examiner examiner. medical the body was released to the hospital by was D.O.A. at a hospital written app

24C, NAME of CEMETERY OF CREMATORY Oak Lawn Cemetery

Baltimore, Maryland
25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial 7-I5-67

24B. DATE

Walter Dabrowski 1005 Dundalk Avenue

ADDRESS

8.73. 40 0770 10 Read of Krospinski Jaskinski & Ja BACTIMOREE Gallianin Cally Horpitals 1219 BROEVING HUN Ec/21/9 F W Willamod Baltimor, May US John Wild will siling let's regarding his surry PUEVINONIA METHSTATIC CARRELEDGEN TONE SMOOTH MOEST CROSS BARREST TO BARREST CONTR. yeartin 7-29-64_ enferred by thepetil 7-18-67 This was a fact of the second of the second

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FUNERAL DIRECTOR: IMPORTANT	ine act act mb	
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	W. W. A. A. P.	
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	BALTIMORE CITY HEALTH DEPARTMENT									
BIRTH NO. M.E. CASE NO. 67. 6777 CERTIFICATE OF DEATH Registered No. 67 6777										
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH									
	o or Printl	UE, WALTER	STNGLE	TON		ıly 13, 1967	3:20 P.M.			
3. P		IN BALTIMORE, MAI			4. USUAL RESIDENCE (V A. STATE B. CO	here deceased lived. If in	stitution: residence before odmissian)			
H	ULL NAME OF IOSPITAL OR ISTITUTION	(If not in hospital a		give street		Baltimore Co	RURAL ond give township)			
"		erans Admir	istrat	tion Hospital	Glyndon		53-00			
0	390	O Loch Rave	n Boul	Levard	D. STREET ADDRESS	(If rural, give lacation)				
		timore, Mar			Railroad Ave					
5. 51		White	WIDOWI	D, NEVER MARRIED ED, DIVORCED (specify) FORCED	3/23/1894	9. AGE (In years lost birthday) 7 3	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.			
	during most of warking		10B, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?			
			Hea	vy Equipment	Baltimore (County, Md.	U.S.A.			
13. F	ATHER'S NAME	uip Manager			Baltimore (IAME				
1	Edward Cru	•			Queen Harri	s				
15. V	Vos Deceosed Ever	in U. S. Armed Ford	es?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	Yes 7	11/17 - 5/2	7/19	213-09-2372	VA Hospital F	Records, Balti	more, Md 21218			
	18.420,	/		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH			
		R CONDITION DIR	ECTLY							
		DING TO DEATH	dvina ea		riosclerotic C	ardiovascular	20 years			
	heort failure, asth	enia, etc. II meons olion which caused	the diseose		Disease					
	ANTECEDENT CAUSES (B) Acute				Myocardial I	nfarction	6 hours			
		CONDITIONS, if	nv. givin	DUE TO						
		bove couse (A)		-						
	ONDERETING CO	•••								
z		NT CONDITIONS C								
ATIO		H BUT NOT RELA		HE						
ERTIFIC	19A. DATE OF OPE	RATION 198. CON		WHICH OPERATION	No No	No) 20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?			
U	21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify med	VAS UNDERLYING CAUSE OF	ho	B. PLACE OF INJURY (e.g., in me, lorm, foctory, street, at c.)	n or obout 21C. WHERE DIE fice bidg., INJURY OCCUR	(If in Boltimare	City, give exoct lacotion!			
MEDIO	21D. TIME (Mo	onth) (Doy) (Year)		E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?				
2	(APPROX)			/hile At Not While At Work	e					
	22. I certify that	() (this hospital	attended	the deceased fram	July 13th	19 67 to July	7 13th 19 67,			
	that (U (we) last	saw the decease	d olive on			that in fry) (our) opl	nion death occurred on the date			
and hour and from the causes stated above. () (We) (did) (fit hat) view the body ofter death.										
	23A. SIGNATURE	2 0	111	/			23B. DATE SIGNED			
	15	a Ud.	Kan	M.D. Atte	s. Med. Director	Stoff Phys.	7/13/67			
	23C. PHYSICIAN'S NAME (Type)	7	1	6/	23D. ADDRESS	od streets on Was				
	BARNARD S. KARPERS. JR. M.D. Vederans Routh Soft and Mospital									
24A	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, fown, or county) (Stote)									
	Burial	7/17/6	7 Sa	ter's Baptis	t Ch. Cem. I	Baltimore Co	o., Maryland.			
2SA	DATE REC'D BY	LI 7 1967	Poles	of REGISTRAN	H. S. Sololo	// /	ADDRESS Mills, Md.			
VS	150-REV. 1/1/65				11 7 - 200	TWO I				

THE CONTRACTOR OF THE PARTY AND ADDRESS OF THE of the second se Best M. and C. Largoott and terror to a stranger of the state of the s

VS 150-REV. 1/1/65

67 6778 Crom vay soprece Laurence Circlianse July 1 party 1 Thomas C. Cutter . 7 3/14/15 7

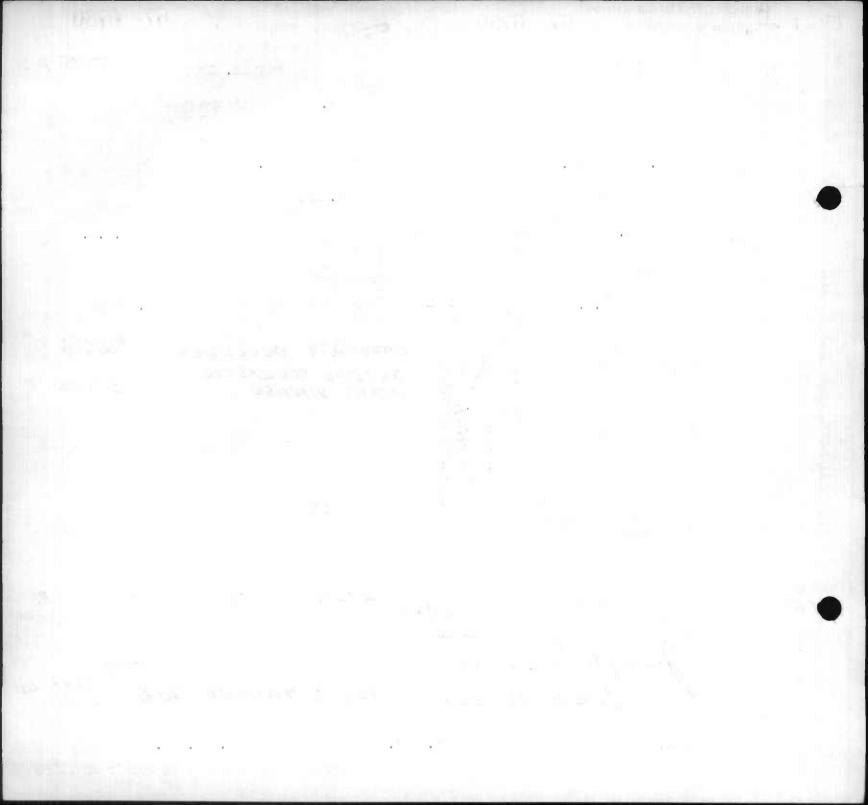
Registered No. Dorothy E. Shoemal@ERTIFICATE OF DEATH BIRTH NO. of death Deceased the Such gug M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) uo hospital eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY ance (5) Baltimore cause FULL NAME OF (If not in hospital or institution, give street ŏ address or location) HOSPITAL OR CITY OR TOWN (If outside city limits, write RURAL and give township) (4) Undetermined cause; attend INSTITUTION 0 BALTIMORE prior D. STREET ADDRESS (If rurol, give lacotion) 4920 Gateway Terrace contributing regular disposition is mad 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 5. SEX 6. RACE If Under 1 deceased Manths Days Hours WIDOWED, DIVORCED (specify) last birthday) SWELF 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even if retired) $R_{\bullet}R_{\bullet}$ 12. CITIZEN OF BIRTHPLACE (State or fareign country) WHAT COUNTRY? death = DUNKLICH Clerk OL Western. Md. dis the 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME direct Catherine E. Housholder 3 eath uo kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS 17. INFORMANT final (Yes, na ar unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 219-18-1181 any pronounced CAUSE INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH 0 fracture (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, regular examiner. injury or complication which coused death.) ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if ony, giving 3 3 to the obove couse (A) stoling the physician the remains UNDERLYING CONDITION lost. chief medical medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED No physician TO THE DISEASE OR CONDITION CAUSING IT. OPSY? (Yes ar Na) the 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED 0 IN CERTIFYING CAUSES OF DEATH? WAS, PERFORMED Bo METASTHESIS HEPATIC 218. PLACE OF INJURY (e.g., in or about 2)C. WHERE DID before the (2) 21 A ACCIDENT WAS UNDERLYING (If in Baltimare City, give exoct location) where OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examiner) nature; U 9 obtained MEDI 21 D. TIME (Manth) (Day) (Year) (Haut) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Nat While (APPROX.) and At Wark Wark any 22. I ceptify that (1) (this hospital) attended the deceased fram and that in (my) (aur) apinion death accurred on the date pe that (1) (we) last saw the deceased alive an of eath) hospital and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. was released must accident 23A. SIGNATURE 23B, DATE SIGNED ŏ Attending Phys. Stoff M.D. Med. 0 Director Phy s. approval 0 23C. PHYSICTAN'S 23 D. ADDRESS prior certificate tolloward the yeller upo at NAME (Type) An 4 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, eceased 24B. DATE 24D. LOCATION (City, town, or county) D.0. the body REMOVAL (Specify) written shows: **Burial** 7-15-67 Meadowridge Cemetery Howard County, Maryland dis 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave. 21229 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

the sale of the sa

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

		OP	070	BALTIMORE CITY	HEALTH DEPARTMENT	\/	ch choo	
BIRTH NO. 67 6780 CERTIFICATE OF DEATH Registered No. 67 67							67 6780	
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF								
		Charles Flat	+			7770		
	3. P	PLACE OF DEATH IN BALTIMORE, MAI			14. USUAL RESIDENCE (When	e decessed fived. If in	stitution: residence before odmission)	
П					A. STATE B. COUN	3		
	1	FULL NAME OF (If not in hospital of oddress of location		give street		ltimore 💋	RURAL and give township)	
		NSTITUTION			Essex	,	53-00	
	3					rural, give location)	550	
		Balto. City Hosp.			901 Mace Ave.			
	5. S			NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
		M W	S	D, DIVORCED (specify)	May. 17, 1894	tost birthday) 73	With Boys Hours With	
		USUAL OCCUPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
		during most of working life, even if retired)	Bethle	hem Steel	Poland		U.S.A.	
		FATHERS NAME		11011 00001	14. MOTHER'S MAIDEN NAM	ME	U.D.R.	
		TT						
	15. 1	Unknown Was Deceased Ever in U. S. Armed Forces, no or unknown) (If yes, give wor or dote:	es?	1 6. SOCIAL	Unknown 17. INFORMANT		ADDRESS	
	(Yes	Yes W.W.1	s of service)	SECURITY NO.		000/ "		
		18. 44 % A L		213-07-0279	Mrs Elsa Ermer	9206 Hines		
		72011			PUEAIR		ONSET AND DEATH	
		DISEASE OR CONDITION DIR	2 9	CO	RONARY OC	c) USIAN!	DEATH	
		(This does not mean the made of	dying, e.g.	NIM (A) CO				
		(This does not mean the made of heart failure, asthenia, etc. It means injury ar camplication which coused	death:	3\ AK	TERIO-SCLE,	ROTIC	8 YRS	
		ANTECEDENT CAUSES (B) /+E			ART DISEASE	/ es' =	0 7/12	
		DISEASES OR CONDITIONS, if		4 90				
		rise to the above cause (A) stating the UNDERLYING CONDITION last.				~~~~		
		11	-	4 5				
	NC	OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTIN	5/2				
	ATIO	DISEASE OR CONDITION CAUSING IT	TED TO THE	-2 H				
	ERTIFIC	19A. DATE OF OPERATION 19B. CONI	ORMED	WHICH OF ATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE F	FINDINGS CONSIDERED	
	ERT		loso		NO			
	-4	OR CONTRIBUTING CAUSE OF	hom	ne, lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact tocohion)	
	0	DEATH (notily medical examiner)	etc.					
	MEDI	OF INJURY (Month) (Doy) (Yeor)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
	<	(APPROX)	Wo	rk Not While				
		22. I certify that (1) (this hospital) attended t	he deceased from	4/24	25 9 to	7/1/ 1967.	
		that (I) (we) last saw the decease	d alive an	6/25	19.66 and the	at in(my) (aur) apir	nian death accurred on the date	
		and have and from the couses stat	ed abave. (ا) (الحال) (طقط) (did not) v				
							23 B. DATE SIGNED	
Attending Med. Stoff Phys. 23C MYSICIAN'S NAME (Type) 23C MYSICIAN'S 23D. ADDRESS 23D. ADDRESS 23D. ADDRESS						7/14/67		
						11 00	E SSEX AID	
		VOSEPH	MIC	EL/ M.D.	108 S. TAY	ILOR A	2/22/	
	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. N.	AME of CEMETERY OF CRE	MATORY 24D. LO	OCATION (Či	ty, lown, or county) (State)	
		m e e e e e e e e e e e e e e e e e e e	7 73	on luth Com	Th.	olto On W	3	
	25 A	DATE REC'D BY HEALTH DEPT.	25B. NAME (on Luth. Cem.	25C. FUNERAL DIRECTOR	alto. Co. Mc	ADDRESS	
		JUL 17 1967	R.D. F	FE FarberMA	Lassahn Funer	al Home 7401	l Belair Rd 21236	
1	VS	150-REV. 1/1/65	THE PARTY					



	67. 6	781	Y HEALTH DEPARTMENT	-\/6	67 6781		
	CASE NO.	CERTIFICA	TE OF DEATH	Registered Na			
1, N.A	ME OF DECEASED.	Cooper	A	Dam 7/8/	67 I		
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe		titution: residence before admission)		
H	JLL NAME OF (If not in hospital or institu OSPITAL OR address or location) STITUTION	tion, give street	C. CITY OR TOWN (If ou		URAL and give township)		
17.	Mercy Hospital		D. STREET ADDRESS (IF	rural, give location)	ala is Mad		
5. SE		RIED, N EVER MARN ED	B. DATE OF BIRTH	her st.B			
1	E N WIDA	MARRIED (Appelly)	8/25/09	9. AGE (In years lost birthday) 57	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	usual occupation (Give kind of work 108, KIN furing most of working life, even il retired)	omestic	1 1 1	ign country) Ro. MO.	12. CITIZEN OF WHAT COUNTRY		
13. F	Assid Haines		14. MOTHER'S MAIDEN NA Holle				
15. W (Yes,	(as Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	Mr. Hathen	/1	33 archer St.		
1	В.	CAUSE C		Cooper, Be	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH		
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (A) Electrolyte lubatance along the first part of the constant of the const						
	heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)						
	ANTECEDENT CAUSES	ever acute po	ylo prepharlis	- B days			
	DISEASES OR CONDITIONS, if any, g	•	/	2 1			
	rise to the above cause (A) stating UNDERLYING CONDITION last.						
	II -			· · · · · · · · · · · · · · · · · · ·			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
RTIFIC	5/26/67 WAS PERFORMED	for which operation	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?		
1 4	RIA. ACCIDENT WAS UNDERLYING DECEMBER CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, cetc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
03	PID. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
< \	APPROX.)	While At Work At Work					
	22. I certify that (I) (this hospital) attend	led the deceased from 4	5/05//7	19 10 7/0	167 19		
11 1	hat (1) (we) last saw the deceased alive	on 2000 7/7	19 and th	nat in (my) (aur) apin	ion death accurred on the date		
	and haur and fram the causes stated aba						
2	3A. SIGNATURE RAHMI	M.D. Att	ending Med.	Stoff Phys.	238. DATE SIGNED		
1	C. PHYSICIAN'S A. RAH / MI	M.D.	Microy Husal	W Bal H	0.		
24A.	BURIAL CREMATION, 24B. DATE	C. NAME of CEMETERY of CR	EMATORY 24D. L	OCATION (City	y, town, or county) (State)		
	Berral 7-13-67	Berkley Ce	metery Do	arlington .	Harford Co. Mel		
25A.	4 M A	ME OF REGISTRAR	25C. FUNERAL DIRECTO	R	556 2 ADDRESS AL		
	JUL 17 1967 (12.0	ect E, tarber A.J	Catalia &	Bullock &	lave de Grace, ned		
V\$ 1	50-REV. 1/1/65			1			

MARRIED Nemuca. My Rather Coper Bellion mil Cumil 7-13-67 Sentley Comtey havington, Mayore Co. M. Cella J. Griller shirt I 31 " 31 " 31

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INSTITUTION

FEMALE

13. FATHER'S NAME

HOUSE - WISE

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DIRECTOR: UNERAL

FUNERAL

A PPROVAL

RELEASED

0 4	M.E. CASE NO.
S + D	I NAME OF DECEASES
S	(Type or Print)
5 o 4	3. PLACE OF DEATH II

5. SEX

(T	ype or Print)	CATHERINE	KRAUK
3.	PLACE OF DEATH IN	BALTIMORE, MARYL	AND
	FULL NAME OF	(If not in hospital or in	nstitution, g

6. RACE

titution, give street address or location

BALTIMORE CITY HOSPITALS 4940 EASTERN AVENUE BALTIMORE, MARYLAND #21224

7-12-67 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY

MARYLAND , BALTIMORE (If outside city limits, write RURAL and give township) ESSEX

D. STREET ADDRESS

1021 EASTERN AVENUE 005 8. DATE OF BIRTH 9, AGE (In years If Under 24 Hrs. If Under 1 Yr. lost birthdoy 65

WIDOWED, DIVORCED (specify)
MARR IED 4-13-02 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired

MARRIED, NEVER MARRIED

MO 14. MOTHER'S MAIDEN NAME

WHAT COUNTRY?

ONSET AND DEATH

12. CITIZEN OF

CHARL	FS	KETTERING
- 11/1/2	~~	12/1/11/11/0

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates of service) NO

WHITE

17. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF DEATH

4940 EASTERN AVENUESS BALTIMORE, MARYLAND #21224 INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode or aying, heart failure, asthenia, etc. It means the disease, a which caused death.) ANTECEDENT CAUSES

BCH

DISEASES OR CONDITIONS, if any, giving a rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH

WAS PERFORMED

20A. AUTOPSY? (Yes or No) NOT A MEDICAL EXAMINER'S CASE

21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined etc.) MEDI (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED

218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR?

21 F. HOW DID INJU

22. I certify that (1) (this hospital) attended the deceased from JUNU that (1) (we) last sow the deceased alive on

Not While At Work

1967

JUNG ...and that In(my) (ou) opinion death occurred on the date

and hour and from the causes stated above. (We) (Gid) (did not) view the body after death.

While At

Work

23A. SIGNATURE	110
0.0	Ku I
22C BHYSICIANES	

S. D. KREIDER

M.D. Attending Phys. 23D. ADDRESS

30

Med. Director	Staff Phys.	

24D. LOCATION

23 B, DATE SIGNED

NAME (Type)

OF INJURY

(APPROX.)

24C. NAME of CEMETERY or CREMATORY

4940 EASTERN AVENUE

BALTIMORE, MD. #21224 (City, town, or county)

24A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)

25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV, 1/1/65

BURIAL 25A. DATE REC'D BY HEALTH DEPT.

CONNELLY

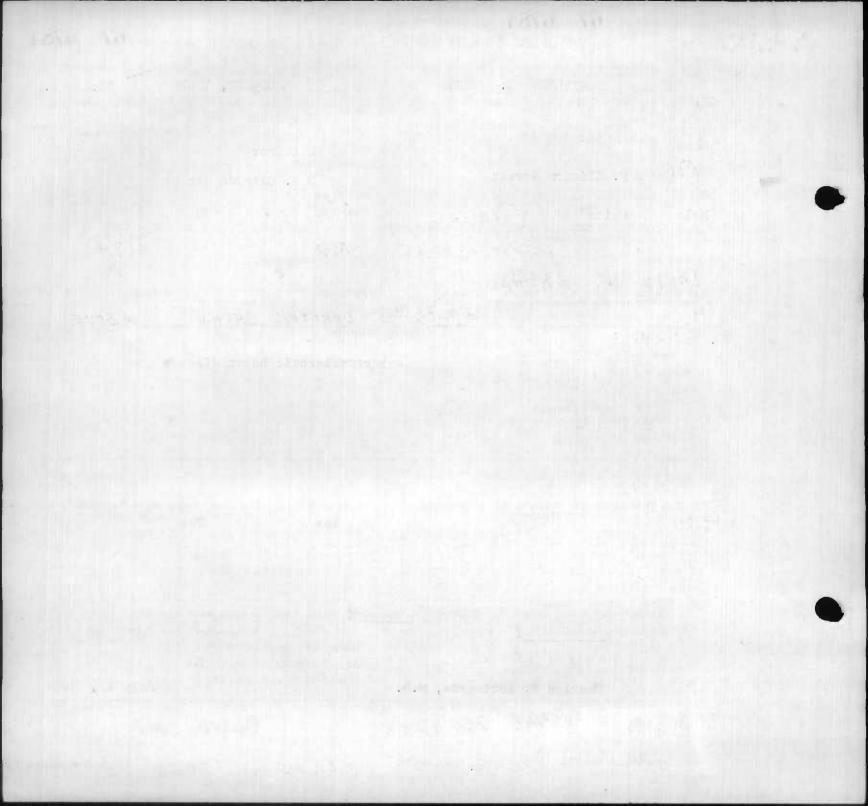
The I may a second Contract to the second 13 A --- 6 1-1-1

67 6784 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S

S CERTIFICATE OF DEATH Registered No. 67 678	34
--	----

M.E. CASE NO.								
1. NAME OF DE (Type or Print)	CEASED WILLIA	AM L. BREH	M		July	12, 1967		11:45 P. _{M.}
3. PLACE IN BAI	TIMORE MARYLAND, W	HERE PRONOUNCED E			Maryland			nce balore odmission)
HOSPITAL OR	ADDRESS OR LOCA	(TION)	AVE SINCE	C. CITY OR T	own (If autside Baltimor	e carporate limits, write	RURAL and	2640
00	3 N. Clinton	Street		D. STREET A.	3 N. Cli	give locotion) .nton Street		
5. SEX Male	6. RACE White	7. MARRIED, NEVER WIDOWED, DIVORCE	D(specily)	B. DATE OF BI	RTH 8/1916	9. AGE (In years lost birthday) 50	If Under 1 Months D	Yr. If Under 24 Hrs.
	CUPATION (Give kind of warl warking life, even if retired)		SS OR INDUSTR	NY 11. BIRTHPLAC	E (State or foreign	n country)	12. CITIZEN WHAT	COUNTRY?
13. FATHER'S NA		REHM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S	MAIDEN NAME			
	ED EVER IN U.S. ARMED	s of service) SECL	IAL JRITY NO. 4-03-764	17. INFORMAN		BREHM	ADDRESS	ROUF
(This daes	ASE OR CONDITION DI LEADING TO DEATH not mean the mode of e, astheria, etc. It mean omplication which caused	dying, e.g., the disease,		terioscl		eart disease		NTERVAL BETWEEN DNSET AND DEATH
DISEASES RISE TO T UNDERLY OTHER SIGN TO THE	ANTECEDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' ING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	CONTRIBUTING LATED TO THE	(B) DUE TO					
	WAS PER			Ye	S	208. IF YES, WERE FILL IN CERTIFYING CAU	SES OF DEA	TH?
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	home, form,	of INJURY (e.g., factory, street,	office bldg., INJ	JRY OCCUR?	If in Boltimore City, gi	ve exact loc	otion)
OF INJURY (APPROX.)	(Manth) (Day) (Yea) (Hour) 21E. INJU WHILE A'	T NOT	WHILE 21F.	HOW DID INJU	RY OCCUR?		
rosi	rtify that I held on I		Suici	de Hom	MEDICAL EX			DATE SIGNED
SIGNA EXAMI NAME	NER'S Charles	S. Springat			MEDICAL EX		Ju1y	13, 1967
23A, BURIAL CR REMOVAL (Spec BUR	EMATION, 238 DATE			or CREMATORY		BALTO.	mo.	_
	JUL 17 1967 (Robert E. J	abapta			y sons		300 MA
VS 151-REV. 1/1	/65		Egypt	1	1 1 2			



BIRTH NO. M.E. CASE NO.	6785 CERTIF	ICATE OF DEATH Registered No.	67 6785
TINAME OF DECEASEDREA HO	ammond Keech, Sr.		
3. PLACE OF DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	titution: residence before odmis
FULL NAME OF (If not in hos HOSPITAL OR address or la INSTITUTION	spitol or institution, give street acation)	C. CITY OR TOWN (If outside city limits, write RU	
BON SECOUR HO	SPITAL	BALTIMORE	53-20
34	4	5156 Viaducto Que	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months: Doys Hours M
MALE WHITE	MARRIED	3/18/04 63	
	work 108, KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ret		BALTIMORE MD.	U, S. A.
13. FATHER'S NAME		13 HC TIMORE 1915.	U13. H
BHILEMOND		BESSIE REA.	
15. Was Deceased Ever in U. S. Arme (Yes, no or unknown) (If yes, give war a	od Forces? r dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	215-01-3		
18. /62. / 1		USE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION		Provido comie Carcisons	5 mont
(This does not mean the mad	(A)	Proudo seuie Carciaoua	7,00000
heart foilure, asthenia, etc. It m injury ar camplication which ca	neans the disease,	(Melan latte)	
ANTECEDENT CA			
	DUE 1	To	
DISEASES OR CONDITIONS,	1.4.1		
UNDERLYING CONDITION las			
_ 11			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSI	ING IT.	isvaseula Colapse.	
	CONDITION FOR WHICH OPERATION PERFORMED	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
F 0	Photogram.	No	
U 21A. ACCIDENT WAS UNDERLYIS		Y (e.g., in or about 21 C. WHERE DID (If in Boltimore lires, office bldg., INJURY OCCUR?	City, give exact locolian)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)			
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	Yeor) (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	While At No	ot While	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	White At No No Nork	of While to Work	//2 2/
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has	While At No No Nork Pitol) ottended the deceased from	of While 1 work 1 to 7	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has	While At No No Nork Pitol) ottended the deceased from	of While to Work	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the causes	While At No No Nork Pitol) ottended the deceased from	of While twork 121/67 19 to 7/11 19.67 ond that in (my) (our) apin not) view the body after death.	ion death occurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decomposition of the contribution of the co	while At No	of While twork 19.67 19 to 7. 19.67 ond that in (my) (our) apin not) view the body after death.	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the causes	while At New North At Pitol North At Pitol North At	of While work 19 19 19 10 19 1	ion death occurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the causes 23A. SIGNATURE	while At No	ot While work 19 19 19 10 19 1	ion death occurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the causes 23A. SIGNATURE	while At No	ot While work 19 19 19 10 19 1	ion death accurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decond hour and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CESAR.	while At No No Work work while At No	ot While twork 19. 19. 10. 7. 19. 10. 7. 19. 10. 7. 19. 10. 7. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	ion death occurred on the
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the couses 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	while At New North At	ot While twork 19 19 10 7 19 10 7 19 10 19	ion deoth occurred on the 238. DATE SIGNED 7/13/6
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the couses 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/15	while At New North At	ot While twork 19 19 10 7 19 10 7 19 10 19	ion deoth occurred on the 238. DATE SIGNED 7/13/6 7
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the decand hour and from the couses 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)	while At New North At	ot While of Work of the North o	ion deoth occurred on the 238. DATE SIGNED 7/13/6 7

Ed 40/11/E COLUMN RESERVE PHILEMONY MEERS

	BALTIMORE CITY HEALTH DEPARTMENT
	RTH NO. 67 6786 CERTIFICATE OF DEATH Registered No. 67 6786
1	.E. CASE NO. NAME OF DECEASED OWARD 2. DATE AND HOUR OF DEATH
10	(Pe or Print) (05EPH HEADER) 7/12/67/7'08 AM
3	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USDAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street)
	HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	13ALTO(1, 33-00)
	HURCH HOME & HOSPITAL D. STREET ADDRESS (Il rurol, give location)
	Married GALBESS CT AP13
5	SEX 6. RACE 7. B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min,
	19 00 11 11 11 11 11 11 11 11 11 11 11 11
	A. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Synte or foreign country) ne during most of working life, even if retired)
	SHIPPING CHANDLERS CLERK Baltimore Maryland USA FATHER'S NAME 14. MOTHER'S MAIDEN NAME
1	BRAHAM DE CONTRACTOR OF THE STATE OF THE STA
	A. TADER SARAH
	Was Deceased Ever in U. S. Armed Forces? es, no grunknown (If yes, give wor or dotes of service) SECURITY NO. 17. INFORMANT SECURITY NO.
	210 0 1513
	18. 4 7 0 1 INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ostherio, etc., it means the disease.
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease,
	injury or complication which coused death,)
	ANTECEDENT CAUSES (B)
	DISEASES OR CONDITIONS, if ony, giving
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION tast.
1	II .
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
Ш	
110	21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Work Not While At Work
	22. I certify that (1) (this hospital) attended the deceased fram 7/12 1967.
	that (I) (we) last saw the deceased alive an
	and haur and from the causes stated above. (1) (We) (dId) (did not) view the bady after death.
	23A. SIGNATURE
	Francisco Ballagar Phys. Med. Director Phys. 7/19/69
	23C. PHYSICIAN'S 23D. ADDRESS
	NAME (Type)
	FRANCISEO 13HC/AUMEN CHURCH HOME & 1105PITAL
2	A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	Burial 7/13/67 Posyobler Friendly Society Baltimore, Maryland DORESS
2	
	JUL 17 1967 P. S. E. Fallen Sol Levinson & Bros. Inc., 6010 Reist., Rd.
V	150-REV. 1/1/65

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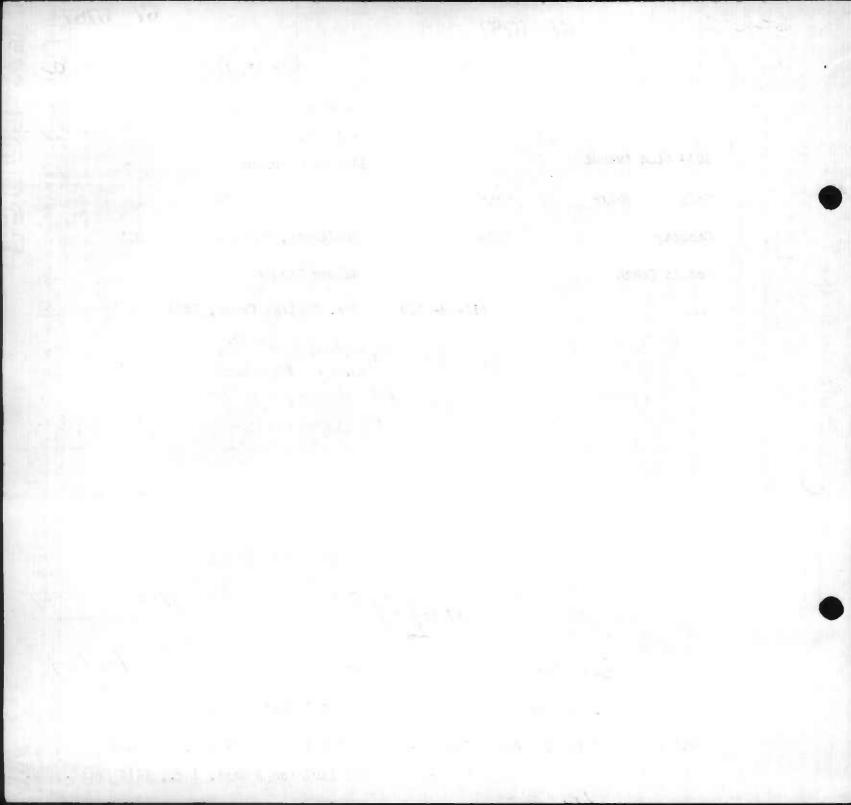
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of death

	BALTIMORE CITY	HEALTH DEPARTMENT		67 6	6787
BIRTH NO. 67	6787 CERTIFICA	TE OF DEATH	Registered Na.	01	7707
M.E. CASE NO.	OVO, CERTIFICA	TE OF DEATH			
1. NAME OF DECEASED (Type or Print)	0.1		ND HOUR OF DEATH		- 0
Paul	Cohen	July	12, 1967 re deceased lived. If in		M.
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Whe	re deceased lived. If in	istitution: residenc	e before odmissian)
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location INSTITUTION	Maryland C. City or town (If outside city limits, write RURAL and give township)				
00		Baltimore D. STREET ADDRESS (III	ruiol, give location)		21-20
3004 Glen Avenue		3004 Glen Ave	nue		
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yı. Months Doys	If Under 24 Hrs. Hours Min.
Male White	Married		60		
tOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN O	
Groceru	Retail	Baltimore, Maryland USA			
13. FATHER'S NAME	Recurs	Baltimore Maryland USA			
Morris Cohen 15. Was Deceased Ever in U. S. Armed For	ces? 16. SOCIAL	Nahama Brage	h_	ADDI	RESS //-
(Yes, no or unknown) (If yes, give wor or dote	s of service) SECURITY NO. 212-34-9539	Mrs. Pauline	Cohen. 300	4 Glen Av	enue 15
18. 4.4.3 XI	CAUSE O	F DEATH		INTER	VAL BETWEEN T AND DEATH
DISEASE OR CONDITION DIR LEADING TO DEATH	RECTLY	ty newtensia Ht	Dis		yen
(This does not meon the made of heart failure, asthenia, etc. It means injury or complication which coused	dying, e.g., DUE TO the disease, doubt	Grendensia Ht	·lue'		Leus
ANTECEDENT CAUSES	(B) DUE TO	of Hemiple	9112-	19	ea.
DISEASES OR CONDITIONS, if	any, giving	0-0		3 01	
rise Ia the obave cause (A) UNDERLYING CONDITION last.	slaling the (C)	MELOMINE	x 6	2 00	~, S -
" II					The same
OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE				
	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes of N	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	SIDERED
W STA ACCIOENT WAS UNDERLYING	210 01 4 05 05 (5111107/	OIC WHERE DID	Alf in Dulaines	- City along annual	4 1

OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME OF INJURY 21E. INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR (Month) (Doy) (Year) While Not While At Work (APPROX.) 22. I certify that (1) (this hospital) ottended the deceased framy that (I) (we) last saw the deceased olive ond that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (diamat) view the bady after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B. REMOVAL (Specify) SOL Eutaw Place 24C. NAME of CEMETERY OF 24D. LOCATION (City, town, or county) (Stote) BY HEALTH GEPT. 167 258. NAME OF REGISTRAL - (A JUL 17 1967 Robert E. Farbugna Levinson & Bros. Inc., 6010 Reist., Rd. VS 150-REV. 1/1/65 ...



BALTIMORE	CITY HEALTH DEPARTMENT 67 6788
BIRTH NO. 67 6788 CERTIFI	CATE OF DEATH Registered No.
M.E. CASE NO. I. NAME OF DECEASED	2. DATE AND HOVE OF DEATH
(Type or Print) SCARDINA, PHILIP VINCENT	JULY 9, 1967 8:30 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution; tesidence before admission) A. STATE B. COUNTY MARYLAND 21225 ANNE ARUNDEL
FULL NAME OF (If not in hospital or institution, give street address or location) ST. AGNES HOSPITAL	C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALT I MORE
CATON & WILKENS AVENUES	D. STREET ADDRESS (If rural, give location)
BALTIMORE, MD. 21229	312 GROVE PARKWARD.
5, SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (speci MARR IED	B. DATE OF BIRTH ONLY 10/18/06 9. AGE (In years lift Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if retired)	USTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED AMERICAN BREWER	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN SCARDINA DEC'D	CATHERINE (INTADIZONO)SCARDINA DEC'D
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT CATON & WILKENS AVES. 21229
	9922 HOSPITAL RECORDS-ST. AGNES HOSPITAL
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	POSSIBLE MIOCARDIAL INFARCTION
(This does not mean the mode of dying, e.g., DUET heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	0
ANTECEDENT CAUSES (B)	D
DISEASES OR CONDITIONS, if ony, giving	
uise to the obove cause (A) sloting the (C)UNDERLYING CONDITION lost,	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ETES MELLITUS, BRONCOPNEUHONIA
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	No 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 218. PLACE OF INJURY home, form, foctory, str	(e.g., in or obout 21C. WHERE DID eet, office bldg., INJURY OCCUR?
O 21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
	t While Work
22. I certify that XI) (this haspital) attended the deceased from	
that XX (we) last saw the deceased olive an JULY 9,	19 67 and that in(my) (our) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (4)	
23A. SIGNATURE	238. DATE SIGNED
Modelle M.D	Attending Med. Stoff Phys. A 7-9-67
23C. PHYSICIAM'S NAME (Type) GABRIELA BRAUN	23D. ADDRESS BALTO., MD. 21229
L'ADD'LELA BDAIN	
	M.D. ST. AGNES HOSPITAL-CATON & WILKENS AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (City, town, or county) (State) PITCHICHEMAN, A.A. Md
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	

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. E. S. U MALTEN YSERSON N. CHARLES

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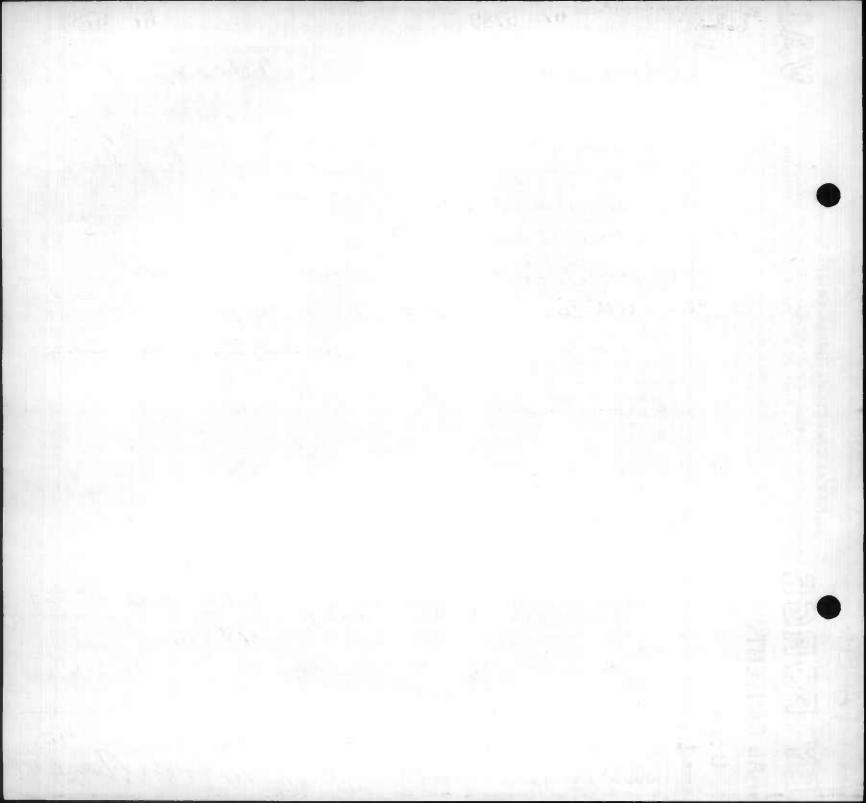
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	cL 67	COO BALTIMORE CITY	HEALTH DEPARTMENT		CM CMOO
	H/NO. CASE NO.	CERTIFICA	TE OF DEATH	Registered No	67 6789
1, N (Typ	AME OF DECEASED or Print) LACE OF DEATH W BALTIMORE MARYLAN	mitchell	7	HOUR OF DEATH	7 112 P.M. Ditution; residence before admission)
F	ULL NAME OF (If not in hospital ar inst	itution, give street	md.	Υ	URAL and give township)
19	north Charles	, Hen.	211.1 /	rol, give location)	00
5. S		ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
103	USUAL OCCUPATION (Give kind of work 108, K	married	10-4-20	46	12. CITIZEN OF
dent	during most of working lite, even if relired)	id of Education	ark.		WHAT COUNTRY?
1	Paymond Mite	full	14. MOTHER'S MAIDEN NAM	Ulls	
15. (Yes	Nos Piccesed Ever in U. S. Armed Farces? , no olunknown) (If yes, give wor or doles of s	16. SOCIAL SECURITY NO.	Mary Cru	ife)	Same 2
7	18. 420 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		10 cardial	7 /	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the made of dying heart failure, asthenia, etc. It means the dinjury or camplication which caused death	, e.g., DUE TO	110 carary	Infarct	ay Sol
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) station underlying Condition last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
ERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes ar No)	20 B. IF YES, WERE FI	INDINGS CONSIDERED USES OF DEATH?
CAL CI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, form, foctary, street, af etc.)	n or obout 27C. WHERE DID fice bldg., HUJURY OCCUR?	(If in Baltimore	City give exact locotion)
MEDI	21D. TIME (Month) IDoy) (Yeor) (Hot OF INJURY (APPROX.)	While At Not While Work At Work	21 F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) (this hospital) atte that (I) (we) last saw the deceased ali- and haur and fram the causes stated ab	ve an 7-10 -	19.6.7 and that	t in(my) (aur) apln	7 - 12 - 1967, ian death accurred an the date
	23A. SIGNATURE L. Dev	M.D. Atte	ending Med. S S. Director P	iteff Phys.	23B. DATE SIGNED 7-12-67
24A	23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 248 CATE	M.D.	MATORY 24D. 10	CATION (Cit	y, town, ar county) (State)
25A	REMOVAL ISpecify) OURING 7-15-67	CEDAR BLU	1 F F	MAPohis	MD.
VS	JUL 17 1967 0 0	ab E. Farleyma	John M	Toplats	tens Classigoli, Md.



contributing cause of death

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the chief medical examiner

(4) Undetermined cause; (5) Deceased

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Body

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of any nature;

shows: (1) An accident

8

the body was released to the hospital by

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certificate

Such on the eath. ance D attend 9 prior made. regular deceased disposition 2 SID the eath uo final attendance pronounced 0 embalmed regular who are physician the remains Was physician the where S N be obtained 9 (except pup eath); hospital must T 10 approval 0 prior at was D.O.A. eceased decease

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Printl 1967 ve 10:45 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission) Mary land FULL NAME OF (If not in hospital or institution, give street Carrol HOSPITAL OR oddress or location) (Il outside city limits, write INSTITUTION arrollton D. STREET ADDRESS (If rurol, give location) MARRIED, NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under 24 His. Hours Min. II Under 1 WIDOWED, DIVORCED (specifyl lost birthdoy Months: Doys Hours March 3, 1905 6 March 3 Female 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR' 2. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife 13. FATHERS NAME Maryland MOTHERS MAIDEN NAME and Zachariah M.

5. Was Deceased Eyer in U. S. Armed Forces: 6. SOCIAL (Yes, no or unknown) (II yes, give wor or dates of service) SECURITY NO. No Admission CAUSE OF DEATH INTERVAL BETWEEN 0. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or camplication which coused deoth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving erioscleratic Cardiovascular rise to the above cause (A) stoling the UNDERLYING CONDITION last. Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined MEDI (Month) (Doyl (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work June 22. I certify that (1) (this hospital) ottended the deceased fram... 13 that (I) (we) lost sow the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter deoth. 23A, SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Staff Phys. Director 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS M.D. Druce lemoria 24A. BURIAL CREMATION, 248. DATE 25R NAME OF REGISTEAR REMOVAL (Specify) ULT 7 196 VS 150-REV. 1/1/65

Evalyn Mich Long

Union Memorial Hospital

Female White Married

Housewife N.A.

Zachariah M. Harris

Maryland, Carrell County
Carrellton
(Many listed)

(None listed)

March 3, MG 62

Maryland U.S. A. Bessie, Viola Martin

Admission Summary

Arteriaclerotic Cardiovascular

Y25

July 13 47 67 July 13 67

Bruce E. Cathey

Bruce E. Cathey Union Memorial Hospital

7/14/47 Carrollton Church Comety Carrollton, Carroll (19)

July 13,279

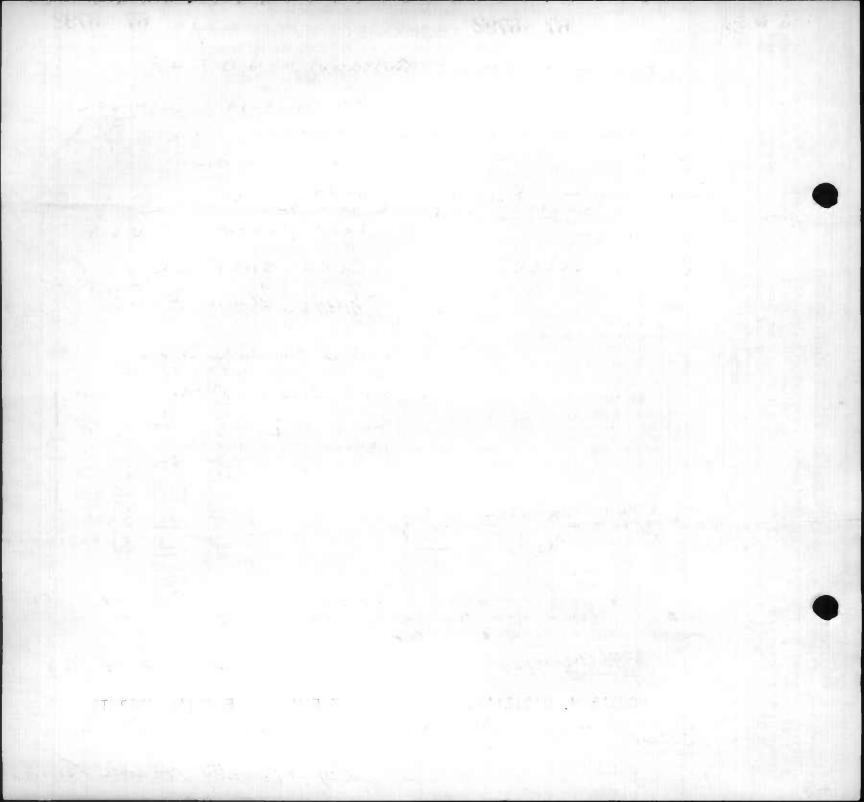
	BALTIMORE CIT	Y HEALTH DEPARTMENT	\/	CIPI OPEO A
BIRTH NO. 67 6	791 CERTIFICA	TE OF DEATH	Registered No.	67 6791
1. NAME OF DECEASED		2, DATE	AND HOUR OF DEATH	7.1 -7
(Type of Print) HARRER. X	Therine	R - 3	ULY 12 1	167 4:10 P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE MARYLAND	here deceased lived. If in	stitution: residence before odmission)
FULL NAME OF (If not in hospital or institut	ion, give street	MARYLAND,	CARROLL	
HOSPITAL OR oddress or location)		WESTMINST		RURAL ond give lownship)
THE JOHNS HOPKINS	JOSPITAL		(If rurol, give location)	06-91
THE GOANS HOPKING	TOSPITAL	130 WILLI		
	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
1 1 3	VIDOWED (Specify)	7-16-91	75	Violinis Doys Hours Ivilli,
IOA, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE -		CARROLL C	O. MD.	Us.a.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
JAMES W. BEACHAM		NELLIE	SLINGHUFF	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown)(If yes, give war or dates of serv	1 6, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	220-44-66	59 MRS STA	INFORD HOFI	F WILLIS ST.
18.	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		^		
LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUE TO	CONICPULMON	ARY EMPHYS	EAA GYRS
heart failure, astheria, etc. It means the dise				
ANTECEDENT CAUSES	(B)		000 m m 0 0 000 000 0 0 0 0 0 0 m 000 0 0 000 000 0 0 0 0 0 0 0 0 0 0 0 0	
DISEASES OR CONDITIONS, if ony, gi	DUE TO			2
uise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C) (C)	R PUL MON	ALE	3 trs
ONOTATING CONDITION 1881.				
OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING			
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
198. CONDITION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	: City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, c	office bldg., INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)	While At Not Whi			
	Work At Work	7-10	19 67 to 7	2-12 1967
22. I certify that (I) (this hospital) of tend that (I) (ma) lost saw the deceased alive	an 7 al 2			nian death occurred on the date
and haur and from the causes stated obay				midn deoth occurred on the dote
23A. SIGNATURE	70. (1) (12) (010) (010-1131)	View the body offer deal	11.	23B, DATE SIGNED
mi in w. Bank	M.D. AH	rending Med. Director	Sioff	7-12-67
23C. PHYSICIAN'S		23D. ADDRESS	Phys.	7 12 01
MATOR W. B	ADE A AWM.D.	JOHNS	HOPKINS	Hose.
24A. BURIAL CREMATION, 24B. DATE , 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (C	ly, town, or county! (State)
REMOVAL (Specify) 7/15/67	W/ECTMIN/S	TED CTON 1	VECTMIN	TED MAK
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25 FUNERAL DIRECT	OR _	ADDRESS
JUL 1 196/ 120	at & tallouna	2.5. Mars	oh Watn	mister Md. 21157
VS 150-REV, 1/1/65		Jan 10 miles	1/11	, 11

• _ .T. 61.31 CARROLL ED. MD 21.5 G CONTRACTOR SERVICES STATE OFF AM-OFF

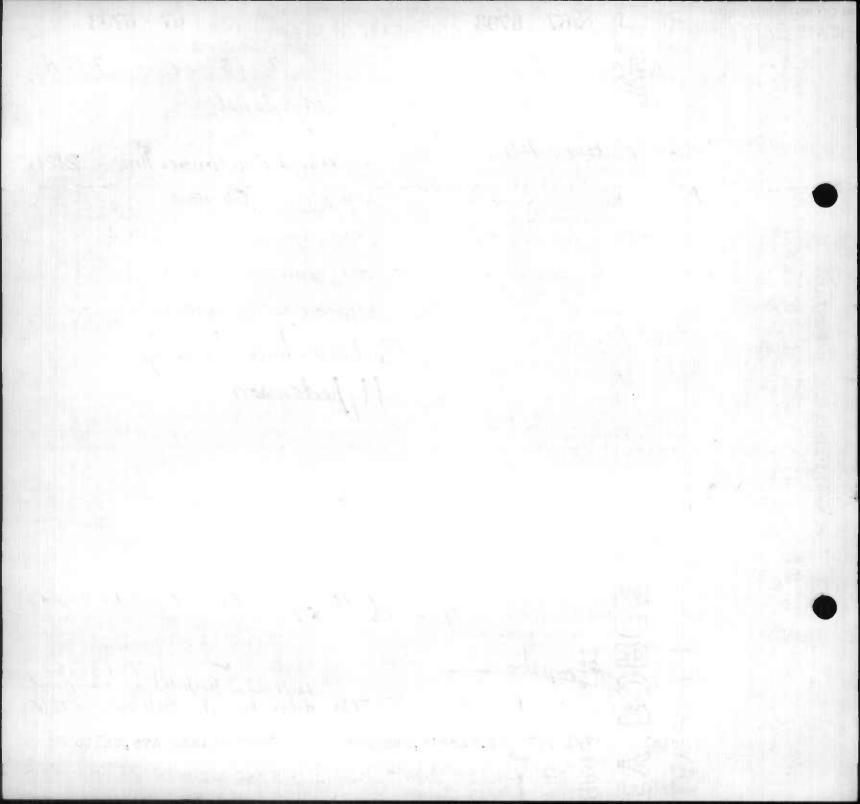
BURIAL TINGS MESTAMUSTER CEM. NESTAMUSTER, MY

m	-563
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	hospir use of ; (5) De dance deatl
	d in a ing ca cause attentrior to
•	ntribut mined gular sed p
	or cor or cor Indeter s in re decec
Z.	direct direct d; (4) U ith wa on the dispos
ORTA	assisto if the ny kin ed dea dance
FUNERAL DIRECTOR: IMPORTANT	Also, re of a nounce attendanted of
TOR:	miner. fractu ho pro
DIREC	cal exa al exa s; (3) A ian w is in r
RAL	medicey burns physic ian wa
FUNE	by a 2) Bod re the physic fore th
	ospital ospital sture; (ot whe (6) No ned be
•	the hand any no (except); and
	ased to lent of sepital death) nust be
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	ody west. (1) A D.O.A. ased prend pp
	This the b show was deced

		BALTIMORE CITY	HEALTH DEPARTMENT	1/	ON PHOD	
	TH NO. 67 67	92 CERTIFICA	TE OF DEATH	Registered No.	67 6792	
1. N	AME OF DECEASED			HOUR OF DEATH	-	-
Тур	oe or Print) MYRTLE A. MUI	MMERT WAR	* July 13.	1367. 403	≥	A
3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	THERI GAM	4. USUAL RESIDENCE (Where d	eceased lived. If inst	itution: residence before admission)	30
			A. STATE B. COUNTY			
- 1	FULL NAME OF (If not in hospital ar instituti HOSPITAL OR address ar lacation) NSTITUTION	an, give street	PENNSYLVANI C. CITY OR TOWN (If autside	A (HA	ANOVER) JRAL and give township)	_
	The Union Memoria	al Hospital	HANOVER		1-35	
1	4.4	1		AVL .		
1	T		233 MEADE			_
5. 5	" I WIDO	NEVER MARRIED WED, DIVORCED (specify)			If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.	
	. USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) •	12. CITIZEN OF	
don	e during most of working life, even if retired)	-	PENNSYLVAN	IA	WHAT COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME			-
	TURVIN ECKERT	-		AFFER		
	04124			AFFER	1/ ()	
Ye:	Was Deceased Ever in U. S. Armed Farces? s,no ar unknown) (If yes, give war ar dales af servic	SECURITY NO.	17. INFORMANT		tanekers to	
	No	- /	Mun & Mus	remett.	233 Meache wi	
	18. 26 XI	CAUSE O	POEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	1 . 011 .	1. 2.		
	(This does not meon the made of dying,	(A) YOU	eralized Atteroscle	rotic Disea.	54	
	heart foilure, asthenia, etc. It means the dise	ose,	of Perigleral vo	iscular dis	ease.	
	injury or camplication which caused death.)	00	Dilli C		()	
	ANTECEDENT CAUSES	(B) 34	vere Diabelé l'	lelliles	97k.	
	DISEASES OR CONDITIONS, if ony, give	vino -	l			
	rise to the obove cause (A) stoting UNDERLYING CONDITION last.	(C)	epticemens	Conding (
	ONDERENING CONDITION IUSI.	<u>q</u>	sugrenous inter	ted strup		
z	OTHER MONITIONS CONTRIBUTIONS CONTRIBUTIONS	TING	9	0		
ATION	TO THE DEATH BUT NOT RELATED TO					
CA	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 2	OR IE YES WEDE EI	NDINGS CONSIDERED	=
CERTIFIC	WAS PERFORMED		101013111111111111111111111111111111111	N CERTIFYING CAUS	SES OF DEATH?	
EX.	21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY .g., in	or about 21 C WHERE DID	(If in Rollimore	City, give exact location)	-
AL (OR CONTRIBUTING CAUSE OF	hame, form, factory, street, al	fice bldg. INJURY OCCUR?	th in sommore	city, give exact location	
U	DEATH (notify medical examiner)	-40-				
MEDI	OF INJURY (Month) (Day) (Year) (Haur)	21E, INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?		
>	(APPROX.)	While At At Work				
	22. I certify that (1) (this haspital) attended		- 3 - 196	67 10 7	13 1967	
	that (we) last saw the deceased alive		4 7			
				n (aur) apini	ion death accurred an the dat	0
	and haur and from the causes stated above	e. W) (We) (did) (COCCO) v	iew the body after death.			
	23A. SIGNATURE Afforders any a	M.O. Atte	nding Med. Sta	<i>u</i> —	23B. DATE SIGNED	
	0 110	Phy	s. Director Phy	rs.	7-13.1567	
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			
	NOUBAR H. DIDIZ	IAN, M.D.	THE UNION N	MEMORIAL	HOSPITAL	
24/	A. BURIAL CREMATION, 248, DATE	C. MAME OF CEMETERY OF CRE			, tayin, or fourty) (State)	-
	MEMOVAL (Specily) 7/16/67	MIT. Wellet	- Han	inesto	your 4	
25.4	A. DATE REC'D BY HEALTH DEPT. 25B. NAM	ME OF REGISTRAR	DEC ELIMENAL DIRECTOR		ADDRESS	
23F	JUL 17 1967	IA C TO D. VA DO	25C. FUNERAL DIRECTOR	+ 11	ADDRESS	
46		ent a. Mondey	Wayne V. Benu	orly /to	anorer Jenna	-
V S	150-REV. 1/1/65		V	/		



	CM OF	BALTIMORE CITY	HEALTH DEPARTMENT	CM	CMO2
BIRT	н но.	793 CERTIFICA	TE OF DEATH	Registered No.	0793
	CASE NO.		D DATE AND	HOUR OF DEATH	
(Тур	e or Print) NACE JAM	ES	7-	13-67	7-25 A.M.
	LACE OF DEATH IN BALTIMORE, MARYLAND ULL NAME OF (If not in hospital or institut	No. of the state o	A. STATE 8. COUNT	deceased lived. If institu	tion: residence before admission)
1	OSPITAL OR oddress or locotion) NSTITUTION LUTHERAN, HOSPITAL		0 11.	ide city limits, write RUR	AL and give township)
3	706 Materia Pa		D. STREET ADDRESS	mure, give location)	1/3 - 0
		DIED ALEVED ALABBIED		nvelentace	HME - 21216
5. S	A / WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) YELE D OF BUSINESS OR INDUSTRY	SEPT 1, 1914	50 years	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
done	during most of working life, even il retired) MT.C	OHVAL			WHAT COUNTRY?
13.	ANDY MAN FATHER'S NAME	HOME	MARY LAND	NE .	u.s.
1					
15. V (Yes	NAS Deceased Ever in U. S. Armed Forces? no or unknown) (If yes, give war or dates of serv	SECURITY NO.	MARGARET	STARR.	ADDRESS
	YES WES	?	LILLIAN M.T.	AYLOR- PASA	DENA, MD
	18. 330 X I DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH	0 1	ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying,	(A)	ubarachnoi	a haemorky	
	hearl foilure, asthenia, etc. It means the dise	056.	R	/	
	ANTECEDENT CAUSES	(B)	Hypertensio	27	
	DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoting UNDERLYING CONDITION lost.	ving	0//	·	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE			
ERTIFIC/		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, farm, factory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
	21D-TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At Work At Work	e 🔲		
	22. I certify that (I) (this haspital) attend		7-10 - 1	967 10 7 -	_ 13 - 19 67.
11	that (f) (we) last saw the deceased alive	1			n death accurred on the date
	and hour and from the causes stated above				
	23A. SIGNATURE A		770. 110 0007 01101 0001110	23	B. DATE SIGNED
	Hansoch	M.D. Atte	ending Med.	Stoff Phys.	7-13-67
	23C. PHYSICIAM'S NAME (Tyge)		23D. ADDRESS 1 H	Hospital	is Maryland
	ANTI MET	ACHT M.D.	730 Ashland	ha 1 + Bal	Lima 21211
24A	BURIAL CREMATION, 248. DATE 24	IC. NAME OF CEMETERY OF CR	EMATORY 240. LO	CATION (City,	down, or county) (State),
25.4	Burial 7/15/67	St. Mary's, Ham	pden 390	O Roland A	ve, Balto Md
25A	JUL 17 1967	me of Registrar	Tuestin E.L		8 18 Roland ave
VS	150-REV. 1/1/65				



	CEASED			2. DATE AND H	OUR PRONOUNCE	D DEAD	
WILLIA		D. TOY			15, 1967		3:27 P. M.
		WHERE PRONOUNCED DEAD	A. STATE Marylan	NCE(Where dece	eosed lived. If insti- B. COU	tution: residence NTY	before odmission
OLL NAME OF	ADDRESS OR LOG	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOW	'N (If outside co	rporote limits, write	RURAL ond giv	e township)
NSTITUTION			Baltim	nore	1	5 1	R
Prov	ident Hospit	al (DOA)	D. STREET ADDR	ESS (If rurol, give	locotion))	
99			1849 K	avanauch	Street		
SEX .	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		If Under 24 Hrs
Male	Negro	single	7-10-09	9	58		
		ork 108 KIND OF BUSINESS OR INDUSTR	Md.	State or foreign co	untry)	U.S.A	UNTRY?
3. FATHER'S NA	ME		14. MOTHER'S MA	AIDEN NAME		1000011	
Harry	Tov		Ada				
5. WAS DECEAS	ED EVER IN U.S. ARM		17. INFORMANT			ADDRESS	
Yes, no or unknow	n) (If yes, give wor or de	otes of service) SECURITY NO. 216221432	Margar	ret Ruff	in 1603	Belmar	Ct.
1B	95 Y	CAUS	E OF DEATH				RVAL BETWEEN ET AND DEATH
DISEA	ASE OR CONDITION	DIRECTLY					21 7000 02000
(7)	LEADING TO DEA		Wound of C	Chest Invo	olving The	Heart	
heort foilur	not meon the mode e, osthenio, etc. It meo omplication which couse	ns the disease.					
	ANTECEDENT CAU	SES					
DISEASES RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LAS	ANY, GIVING DUE TO	***************************************				.05000000000000000000000000000000000000
Z		(C)					
O THE	II GNIFICANT CONDITION DEATH BUT NOT	RELATED TO THE					
19A. DATE C		ONDITION FOR WHICH OPERATION	20A. AUTOPSY?		IF YES, WERE FIN		
0 5	WAS P	ERFORMED	χ:	es In	CERTIFYING CAUS	ES OF DEATH?	Yes

21F. HOW DID INJURY OCCUR?

21D TIME (Month) (Doy) (Ye OF INJURY July 15, 167 (Month), (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 3.00 WHILE WORK NOT WHILE X Subject was stabbed during argument

Inspection I certify that I held on Inquiry resulted fram: Natural causes Accident

Hamicide X Suicide Undetermined manner CHIEF MEDICAL EXAMINER

DATE SIGNED

ACTUAL SIGNATURE. Werner U. Spitz, M.D. EXAMINER'S NAME (Type)

ASSOCIATE MEDICAL EXAMINER

7/15/67

23A, BURIAL CREMATION, 238. DATE REMOVAL (Specify)

23C. NAME of CEMETERY or CREMATORY

Autapsy X

(City, town, or county) (State) 23 D. LOCATION

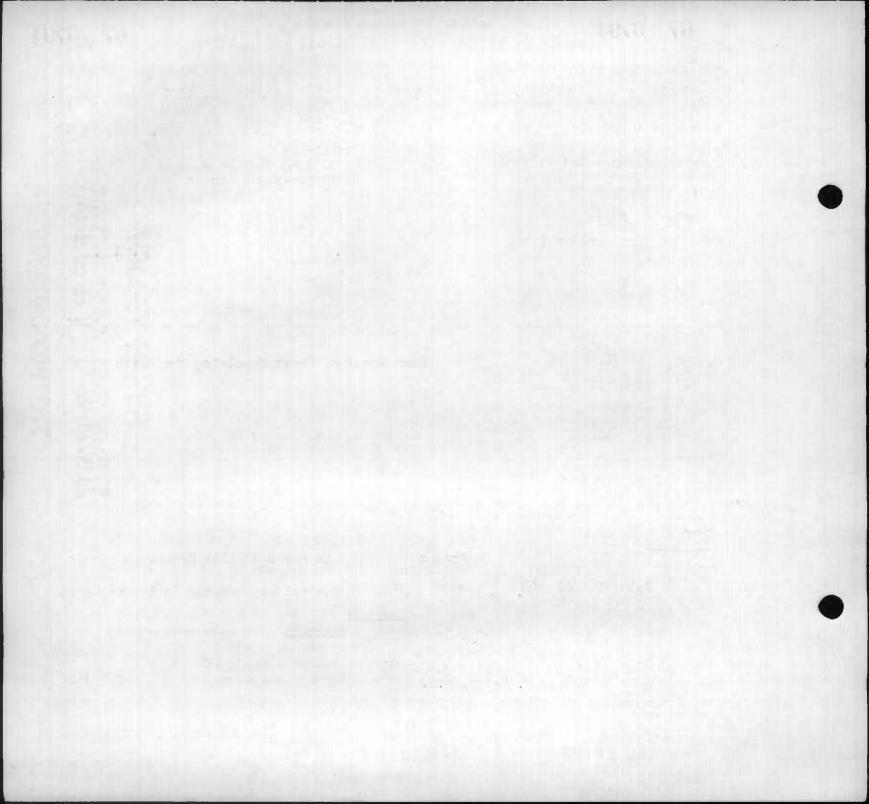
and that an this basis, death in my apinion

-67 Mt. Auburn Cemetery Baltimore, Maryland 246. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS

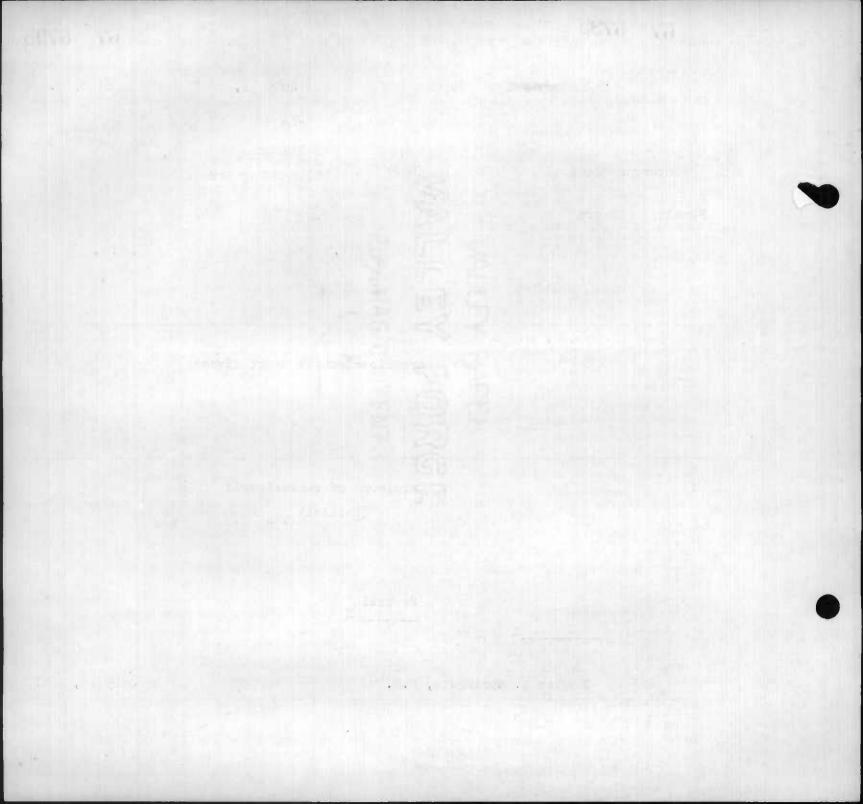
Kelson Funeral Home 1348 Calhoun St.

VS 151-REV. 1/1/65

22.



M.E.	CASE NO.								
1. NA	ME OF DEC						D HOUR PRONOUNC	ED DEAD	
			rine				13, 1967		5:45. A. M.
		MORE, MARYLAND,			A. STATE	ENCE (Where ary land	B. COL		dence befare admission)
HOSPI	NAME OF	(IF NOT IN HOS ADDRESS OR LO	PITAL OR INSTITU CATION)	JTION, GIVE STREET	C. CITY OR TOV		le carporate limits, write	RURAL	and give township)
4	9/			(= 0 ·)	D. STREET ADDI			1)	
9	Luthe	ran Hospita	al 	(DOA)			er Street		
5. SEX		6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In years last birthday)	If Under Manths	Doys Hours Min.
	emale	Negro	Mari	TIED BUSINESS OR INDUSTRY	4-28-		49	12 CITIZ	ENIOE
		arking life, even if retire		BOSINESS ON INDUSTRI	Md.	Stole of loters	gn country)		COUNTRY?
13. FA	THER'S NAM	E			14. MOTHER'S M.	AIDEN NAM	E	1001	J 6 2 L 6
		Blenza	Wright		Ida	Handy			
		O EVER IN U.S. ARM		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	S
		, 00, g. 10 110, 01 0	3014100	100000	John R	andolr	h	same	
18	420.	00/1/5	4 X	CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
1	DISEAS	E OR CONDITION							
	(This does n	LEADING TO DEA at mean the mode		(A) Arter	iosclerot:	ic hear	t disease		***************************************
	heart foilure,	asthenia, etc. It me plication which cause	ons the discose,	001 10					
		NITE CENTER OF A LI	cec					1/ 10	
		NTECEDENT CAU OR CONDITIONS, II		(8)					
	RISE TO THE	ABOVE CAUSE (A)	STATING THE	DOE 10					
Z	ONDERCIN	O CONDITION LAS		(C)					****==**:=::::::::::::::::::::::::::::
일		H							
CERTIFICATION	TO THE	IFICANT CONDITION DEATH BUT NOT CONDITION CAUS	RELATED TO T		noma of re	ectosig	moid	******	
19 19	A. DATE OF	OPERATION 198, C	ONDITION FOR VERFORMED	WHICH OPERATION	(Partia	1) Yes or No)	20B. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS C	ON SIDERED
¥ 21		CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21 C. W	HERE DID	(If in Baltimore City, gi		ocotion)
		OR CONTRIB-	hame etc.)	, form, factory, street, a	ffice bldg., INJURY	OCCUR?			
OI	D TIME FINJURY (PPROX.)	(Manth) (Day) (Y		TE. INJURY OCCURRED WHILE AT NOT 1		ILNI DID WC	JRY OCCUR?		
22				VORK PAT W	ORK .				
		ify that I held an	Inquiry		70	that an th	Is basis, death in n	ny apinia	n
	result	ed from: Natural	causes X A	ccident Sulcide	Hamici	de 🗌 🔃	Undetermined mann	ar 🗌	
	ACTUAL SIGNATI		45.	Sat MD	CHIEF MI	EDICAL EX	Total Control of the		DATE SIGNED
	EXAMIN NAME (1	ER'S Char	les S. Sp	ringate, M.D.	ASSOCIATE M	EDICAL E	XAMINER	Ju	11y 13, 1967
	BURIAL CREA		23	C. NAME OF CEMETERY O	CREMATORY	23 D. L	OCATION (City,	town, or	county) (State)
	Burial	4	7-67	Mt. Auburn	Cem.		Baltimore	Lar	rvland
		BY HEALTH DEPT.		OF REGISTRAR		AL DIRECTOR	-ar ormor e	9 AACIL	cyland ADDRESS
	1	111 17 1967	00 B	2. Farley MA	Kelson	n Fune	ral Home	1348	Calhoun St
Vs 15	1-PEV 1/1/4	5	Charles Co.	G1 400441	1 1			-	

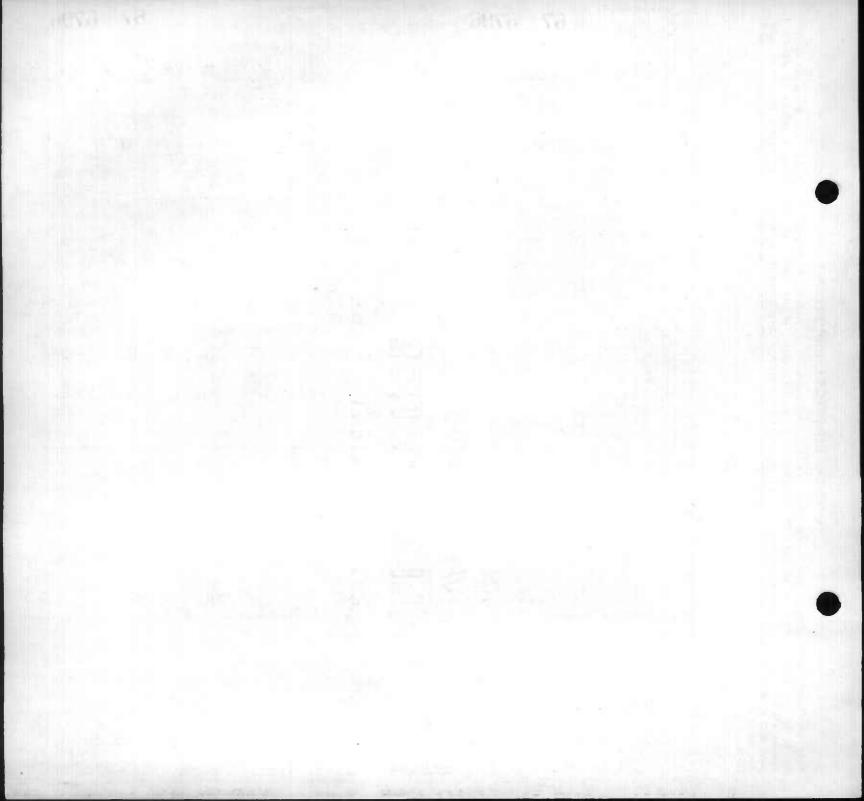


ANA EOF DECENTAGE ANA EOF DECEN	RIPT	rh No. 67	6796			H DEPARTMENT	Registered No.	67	6796
PARCE OF DEATH IN BACKMORE MINISTRANCE AND COUNTY AND C	M.E	E CASE NO.		CERTIFIC	AIE				
UUL NAME OF ODPITAL OR							1		
UUL NAME OF ODPITAL OR	2 5	BCCNACO (y uccn		II.4 ttett	AL RESIDENCE (Who	14 19,190	0/	2:45/
CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAUSE OF OFERATION 198 CONDITION OF RELATED TO THE CAUSE OF DEATH C	3. r	TACE OF BEATH IN BALTIMORE, MA	KILAND		A. STA	E B. COUN	TY	nstitution; resid	ence before odmis
D. STREET ADDRESS (If rard, ove logation) G. RACE 7. MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify) WISDWED, DIVORCED (speci	-	HOSPITAL OR oddress or location	or institution, give	street	c. cim		tside city limits, write	RURAL ghd gi	re township)
G / B Edge wood St. G / B Edg		4 .	Lu 1/200	:+01	6	Baltimor	2	16	OX
USUAL OCCUPATION (Give limid of work) (10, kinh) of Business or Nouster 11, BIRTHPLACE isopic or foseign country) USUAL OCCUPATION (Give limid of work) (10, kinh) of Business or Nouster 11, BIRTHPLACE isopic or foseign country) INDIRECT OF BUSINESS OR NOUSTER 11, BIRTHPLACE isopic or foseign country) INDIRECT OR OF BUSINESS OR NOUSTER 11, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS OR NOUSTER 11, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS OR NOUSTER 11, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS OR NOUSTER 12, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS OR NOUSTER 12, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS OR NOUSTER 12, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS INDIRECT OR OR BUSINESS OR NOUSTER 12, BIRTHPLACE isopic or foseign country) INDIRECT OR OR BUSINESS INDIRECT OR OR BUSIN		38	7 17 03P	,,,,,	1 - 1 - 1 - 1 - 1			1	C
WIDOWED, DIVORCED (specify) JEDICAL CECUPATION (Give kind of work) Depth of Hours Middle Common of which the design and of working life, aven in defined) Lement first, sher Depth of High ways Bathing or Middle Common of Midd		0				018 Edg	ewood ST		
Section and washing life, even if relited Comments of the property of the prop	5. S	EX 6. RACE			B. DATE	OF BIRTH / 28/0/	9. AGE (In years lost birthdoy)	If Under 1 Months Do	Yr. If Under 24 bys Hours Mi
TATHERS NAME Thomas B. Queen Was Deceased Eve in U. S. Ammed Forces? ADDRESS SCURITY NO. 214-12-4802 Wife - Dorothy Queen GI 8 Edgewood And Wife - Dorothy Queen GI 8 Edgewood And Only Only Only Only Only Only Only Only			108. KIND OF BU	SINESS OR INDUS	TRY 11. BIRT	HPLACE (State or fore	ign country)		
TATHERS NAME TO MAS B. GUEEN WANY F. JORNSON Is. DECEASE OR CONDITION DIRECTLY LEADING TO BEATH (This does not meen the mode of dying, and or other or other or other). ANTECEDENT CAUSES DISEASE OR CONDITION DIRECTLY LEADING TO BEATH (This does not meen the mode of dying, and hoof indiver, ostheric, etc., it means the disease, injury or complication which coused death). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the bodove couse (A) stoling the UNDERLYING CONDITION to SELATE TO THE UNDERLYING CONDITION TO THE ATED TO THE UNDERLYING CONDITION WAS PERFORMED TO A. ACCIDENT WAS UNDERLYING OF INJURY OF CONDITION OF WHICH OPERATION TO CONTRIBUTING CAUSES OF CONDITION OF WHICH OPERATION TO CONTRIBUTING CAUSES OF DEATH? TO A. ACCIDENT WAS UNDERLYING CONDITION TO THE CONDITION OF WHICH OPERATION TO CONDITION TO THE CONDITION OF WHICH OPERATION TO CONDITION OF WHICH OPERATION TO CONTRIBUTING CAUSES OF DEATH? TO A. ACCIDENT WAS UNDERLYING CONDITIONS OF WHICH OPERATION TO CONTRIBUTING CAUSES OF DEATH? TO A. ACCIDENT WAS UNDERLYING CONDITIONS. TO THE CONTRIBUTY OF THE CO			Dood a	C Alaburas	0	1/2	Mal.		
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Was Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 21/1-2-9803 Wife-Dorthy Queen 6/8 Edges/www.p. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (IT in does not mean the mode of dying, e.g., hool folling, esthemic, etc.) the most he diseases, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving lise to the obove cause (A) stoling the UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 21A. ACCIDENT WAS UNDERLYING DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSE OF DEATH? 21D. TAME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURED NOT	13,								
SECURITY Not. 214-12-9802 Wife-Dorothy Queen 6/8 Excention 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., head foliuse, estimated each). ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving itse to the above couse (A) stoling like UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION Not. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION OF WHICH OPERATION 20A.AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED Nor CENTRIBUTING CONDITION FOR WHICH OPERATION 20A.AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED Nor CENTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 20 21B PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, locitory, sheet, office bidg, INJURY OCCUR? 21D. TIME OR OR CONTRIBUTING 20 21E. INJURY OCCUR? AT Work (APPROX.) 22. I certify that (I) (this hospital) ottended the deceosed from 19 (17.7) to		1110mAS 15. 90	1550			MARY F.	2000200		
18. CAUSE OF DEATH CAUSE OF DEATH NITERVAL BETWEEN ONSET AND DEATH ONSET AND	15.	Was Deceased Ever in U. S. Armed For	ces? 16.		17. INFO	RMANT		Al	DDRESS
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that (I) (we) lost saw the deceased alive on		22. I certify that (I) (this hospital) ottended the d	eceosed from	7/19	7.	19 6 7 to	7/17	19_6
and hour and from the couses stoted obove. (I) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Stoff Phys. Director Phys. Director Phys. Director Of CREMATORY 23B. DATE SIGNED. 23B. DATE SIGNED. 7/4/67 23D. ADDRESS M.D. Chiles, type 4. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stored of the county)		that (I) (we) lost saw the decease	d alive on	7/17	19	and th	not in (my) (our) op	inian death	accurred on the
23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys. Di		and hour and from the couses sto	red obove. (I) (W	e) (did) (did no	View the				
Phys. Director Phys.								23B, DATE S	SIGNED/
23C. PHYSICIAN'S NAME (Type) Gary M. Lattin M.D. Chiversity Hospital Burial Cremation, 24B. Date 24C. Name of Cemetery of Crematory 24D. Location (City, town, or county) (Sterensis)		Mary m. 1	atten	M.D.	Attending	Med.		7/1	4/17
Gary M. Lattin M.D. Chiversity Hospital Burial Cremation, 24B. Date 24C. Name of CREMATORY 24D. LOCATION (City, town, or county) (Storemoval (Specify))		23C. PHYSICIAN'S	00000				rhys.	1//	16/
BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Storemoval (Specify)					M.	TRESS	11.	1, 1	
REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Sto		Gary M. Lattin	1	М	.D. 0/	riversity	Mospit	4/	
	24A	BURIAL CREMATION, 24B. DATE		of CEMETERY of	CREMATOR	24Ď, L	OCATION	ity, town, or c	ounty) (Sto
		D 4 5 10	67 Nt.	Auburn	Cem-	F	Baltimore.	Marvl	and
A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	25A							J	
JUL 17 1967 R. C. & Jankson Kelson Funeral Home 1348 Calhoun		JUL 17 1967	(R. D. Fr 8	For Bun	Ke	Ison Fune	ral Home	1348 C	alhoun

25A. DATE REC'D BY HEALTH DEPT.

JUL 17 1967. 25B. NAME OF REGISTRAR

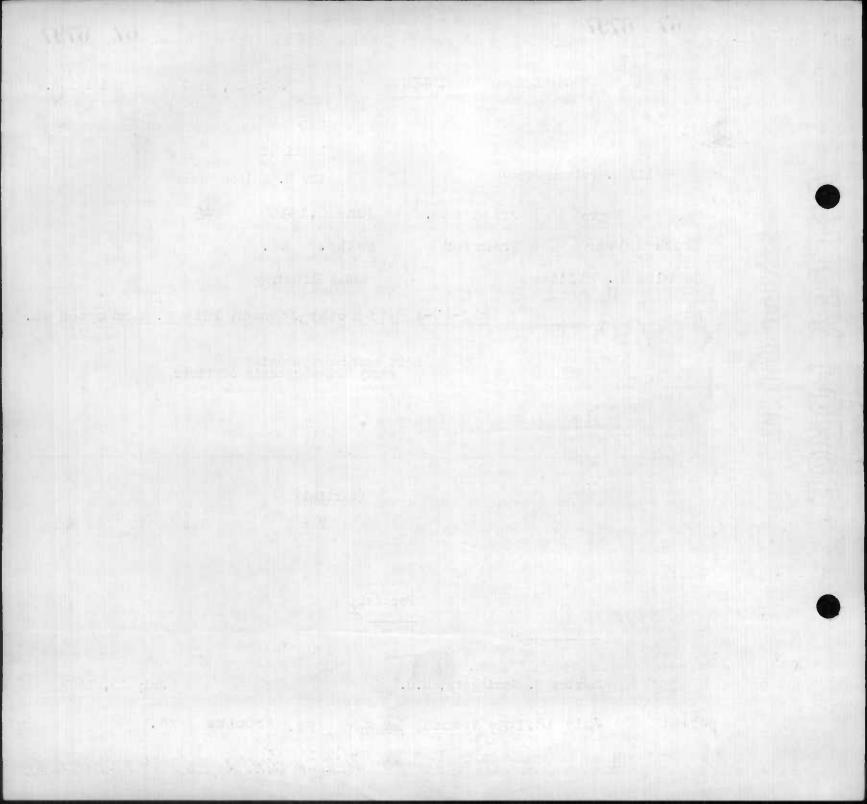
Police & Staber MA 25C. FUNERAL DIRECTOR Funeral Home 1348 Calhoun Kelson VS 150-REV. 1/1/65



W-452 BIRTH NO.
M.E. CASE NO.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDI	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	ered No. 6797
M.E. CASE NO.					
1. NAME OF DE		RLES LEROY WILLIAMS		y 13, 1967	11:45 A. M.
		The first of the second of the	Jul	y 13, 1307	11.43 A. M.
FULL NAME OF	(IF NOT IN HOSPITA	HERE PRONOUNCED DEAD	Maryland C. CITY OR TOWN (If outsi		hitution: residence before admission
HOSPITAL OR	ADDRESS OR LOCA	(NOIT)	Baltimor		19/07
00	120 N E.1	A	D. STREET ADDRESS (If ruro		
	129 N. Fulton	Avenue	129 N. F	ulton Avenue	e
5. SEX Male	6. RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married Sep.	June 6,1919	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
	UPATION (Give kind of work	OB KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF
	driver	Transfer	Balto. Md.		WHAT COUNTRY?
13. FATHER'S NA	WE		14. MOTHER'S MAIDEN NAM	AE	
Charle	es A. Willia	ams	Anna Pinkne	у	
	ED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
no	, , , , , , , , , , , , , , , , , , ,		Donothy John	187/1 to	V. Lemington St
18.	1		OF DEATH	BOIL TOTA	INTERVAL BETWEEN
(This does	LEADING TO DEATH not mean the mode of , osthenio, etc. It means omplication which caused	dving e.g. (A) Left	bronchopneumoni atty metamorphos	a is of live f	ONSET AND DEATH
RISE TO THE UNDERLY!	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST NG CONDITION LAST. II SHIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING	CONTRIBUTING			
19A. DATE O		DITION FOR WHICH OPERATION	(Partial) 20A. AUTOPSY? (Yes or No	1) 20B. IF YES, WERE FIN CERTIFYING CAU	
UNDERLYING UTING CAL	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21B. PLACE OF INJURY (e.g., hame, farm, foctory, street, etc.)	in ar about 21C. WHERE DID		rive exact location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	WHILE AT NOT	21 F, HOW DID IN.	JURY OCCUR?	
22.	rtify that I held on I	Par	tial	his basis, death In	my opinian
resu	red from: Natural car	uses X Accident Suicio	de Homicide		ier
ACTUA SIGNAT		S S S S MIE	CHIEF MEDICAL E		DATE SIGNED
EXAMI	NER'S Charles	S. Springate, M.D.	ASSOCIATE MEDICAL I		July 13, 1967
23A, BURIAL CR REMOVAL (Speci	EMATION, 23B. DATE	23C. NAME OF CEMETERY			y, town, or county) (State)
Burial			SIII O L. I G. I		id.
24A. DATE REC'E	BY HEALTH DEPT.	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTO	13/	ADDRESS
VC 161 BCV 1/1	JUL 17 1967	Robert E. Farley M.	Williams the	neral Home	3/4/1. Monaday
VS 151-REV. 1/1	(0)		11 () ()	A.	



Such

	Olev	01000	BALTIMORE CITY	Y HEALTH DEPARTMENT	1	Thy Object
BIRTH NO. M.E. CASE NO.	67.	6798	CERTIFICA	TE OF DEATH	Registered Na.	67. 6798
1. NAME OF DECEASE (Type or Print)	Jacol	55, C	ornelia	2. DATE AN	14 67	2:30 P.M
3. PLACE OF DEATH I	N BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Whe		tion: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital oddress or location	or institution, giv	ve street	C. CITY OR TOWN (If ou	tside city limits, write RUR	AL ond give township)
SINGI	HOSPIT	al OP	Baltimors	Baltim	ne	
42				D. STREET ADDRESS	rveew ar	re.
5. SEX 6. R/	ACE		DIVORCED (specify)	5/16/20	9. AGE (In years If M	Under 1 Yr. II Under 24 Hrs. onths Doys Hours Min.
IOA, USUAL OCCUPAT		10B. KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	CITIZEN OF
House	.10			Baltimore	md	USA
13. FATHER'S NAME	A n			14. MOTHERS MAIDEN NA	Ŋ.E	
Richard	& max	thews		Houline	matthew	d
15. Was Deceased Ever (Yes, no or unknown) (If y	in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17, INFORMANT	-	ADDRESS
no				Tulin Torch	10-4153+	sirver Crue
1B. 170	I CONDITION DIE	ECTIV	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DING TO DEATH	CC ILI	(A) Br	east Carcinor	na with	3 years
heart failure, asth	nean the mode of enio, etc. It meons stian which caused	the diseose,	DUEZDU	east Carcinor, monary meta Rain metasti	stases of pais	ily
ANTE	CEDENT CAUSES					4 m 0 4 m w m m m m 0 4 m w m m m m m m m m m m m m m m m m m
	CONDITIONS, if			TARDIO-RESPIRE	CAUCKS	
UNDERLYING CO	bave cause (A) ONDITION last.	stoling lhe	(C)	, ::::::::::::::::::::::::::::::::::::	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	11					
TO THE DEATH	NT CONDITIONS C H BUT NOT RELA DITION CAUSING I	TED TO THE	Inte	stinal Obstr		17 days
19A. DATE OF OPE	67 WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No	O) 208, IF YES, WERE FINE IN CERTIFYING CAUSES	OINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING DEATH (notily med		218. P home, etc.)		in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(II in Boltimore Ci	ty, give exact location)
_	onth) (Doy) (Year)	(Hour) 21E, 1	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While Work	At Work	le 🔲	/	
22. I certify that	(1) (this haspital	l) attended the	deceased fram	July 15	19 6 / to /K	ly 14 1967
that (I) (we) last	saw the decease	d alive an	My 14th	19.6.7 and th	at in (my) (aur) opinia	death accurred on the date
and have and fra	m the causes stat	ted above. (1)	(We) (did) (did not)	view the body after death.		
23A. SIGNATURE	Alla	rling	M.D. Atl	lending Med.	Stolf Phys.	R DATE SIGNED LULY 14, 1967
23C. PHYSICIAN'S NAME (Type)	RDINANI	MAR	TINE > M.D.	SINAI HOS	SPITAL OF &	PALTIMORE
24A. BURIAL CREMATI	ON, 248. DATE y) 7-19-	67 24C.NA	ME of CEMETERY OF CR	national 240. L	OCATION (City, 1	own, or county) md (Sigte)
25A. DATE REC'D BY	HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR	avin or	ADDRESS
JU	L 17 1967	Relient	E. Stabbac M.M.	Vurgel B	Oden - 16	sallo md
VS 150-REV. 1/1/65						

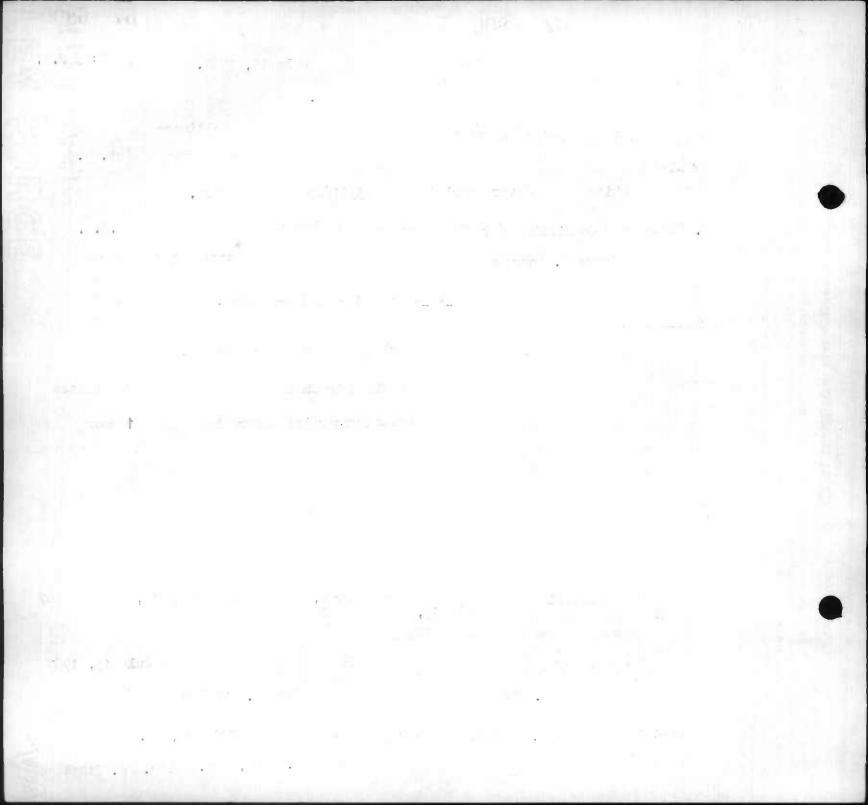
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

VS 150-REV. 1/1/65

BIRTH NO	236	67	6798		NORE CITY				Register	No.	67	6799
M.E. CA 1. NAME (Type or	OF DECEASED	IAM E	EWS	TER	(WM.	FEWST		7/13	HOUR OF	DEATH 7:50	pmi	7:50P.
FULL HOSPI INSTIT	NAME OF CALLOR O	If not in hospitol oddress or tocohor BALTIMORE, MAY RE	or institution,	OSPITALS	s #2122.	A. STATE Ma C. CITY Ba D. STREE	ryland or town ltimon T ADDRESS	(If outs	Υ	s, write RU	Bull RAL ond give	3-00
5. SEX Ma		1 hite	Man	NEVER MARI	(specify)	8. DATE 0	-07	10	00	015	If Under 1 Ye	If Under 24 h
BUREA	ou OF SAN		CITY		RINDUSTRY		Maryla	and				OUNTRY? S.A.
13. FATH	Willi	am Fru	STER				iers maic largare					
(Yes, no o	Peceosed Ever in unknown) (If yes,	U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY	NO.	17. INFOR	MANT I	всн			rn Aven Maryla	
DISI rise UNI	ANTEC	CONDITIONS C	ony, giving stating the		(1) / DUE TO (2) (2)		to				-25	years 5 days
19A. 21A. OR	ACCIDENT WAS		DITION FOR Y	PLACE OF IN	IJURY (e.g., i	20 A. A	NO NO	es or No)	20 B. IF YES, IN CERTIFY	NG CAUS	IDINGS CON LES OF DEAT	H?
0	TIME (Month NJURY ROX.)	n) (Doy) (Yeor)		INJURY OCC	Not While	e	21 F. HOW	DID INJU	RY OCCUR?			
that	(I) (we) last s	this hospital aw the decease the causes state	d alive an		fram	3- 19	67	and tha	67 to		7–13 an death ac 38. DATE SIG 7–13-	
24A. BUIL	PHYSICIAM'S NAME (Type) ZACH ITAL CREMATION MOVAL (Specify) WRIAL TE REC'D BY HEA	ZACHARY ARY N, 24B. DATE 7-17-L	- 0	SM AN AME OF CEME ARKWO	TERY or CRE	Ba MATORY	ess 494	0 Eas	tern Av		Balto putie	Md.#212

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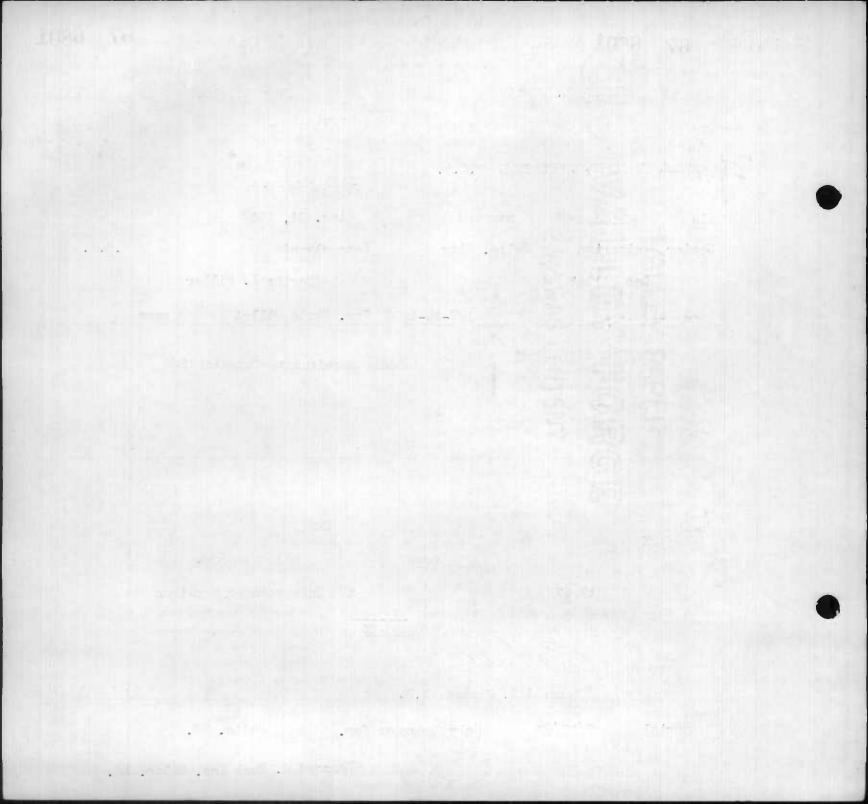
			BALTIMORE CITY	HEALTH DEPARTMENT		CM	COOL
IRTH NO.	6	7 680	O CERTIFICA	TE OF DEATH	Registered No.	67	6800
.NAME OF DE Type or Print)	Ted		ndrews	July	15, 1967.		25 P.M.
FULL NAME HOSPITAL DE	DF (If not in hospital oddress or local	ol or institution, s	give street	A. STATE Md. C. CITY OR TOWN (III			
INSTITUTION	Union Memo	rial Hosp	oital		Baltimo	_ /	1-03
44	•				O Park Avenu	e Apt.	D.
Male	White		NEVER MARRIED DIVORCED (specify) Married	5/21/07	9. AGE (In years lost birthdoy) 60 yrs.	Months Doys	If Under 24 Hours Min
one during most of Md. Stat	of working life, even if retired to Road Commi	1)	BUSINESS OR INDUSTRY			12, CITIZEN OF WHAT COU	
3. FATHER'S NA		Andrews		14. MOTHER'S MAIDEN N		lingsworth	1
	od Ever in U. S. Armed		16. SOCIAL SECURITY NO. 064-18-1992	Miss Kathryn	Andrews	Addres (Same)	
	ASE OR CONDITION I LEADING TO DEAT	Н	CAUSE OF	pheral Vascaul	ar Collapse		L BETWEEN
	e, asthenia, etc. It meo implication which cous		03	120 70 82 80 00 00 TAX		40	
	ANTECEDENT CAUS	ES	(B) Card	iogenic Shock	***************************************	40 mi	nutes
DISEASES	ANTECEDENT CAUS OR CONDITIONS, in the above cause (A NG CONDITION last.	f any, giving	DUE TO	iogenic Shock e Myocardial I	nfarction	40 mi	
DISEASES rise to 1 UN DERLYIN OTHER SIG	OR CONDITIONS, it is above cause (A NG CONDITION last.	f any, giving A) slaling the CONTRIBUTING ELATED TO TH	CO Acut	e Myocardial I		1 Hou	r
DISEASES rise to 1 UNDERLYIN OTHER SIG	OR CONDITIONS, in the above cause (A of CONDITION last. I	f any, giving A) slaling the CONTRIBUTING ELATED TO TH	CC. Acut	e Myocardial I	nfarction No) 20B, IF YES, WERE IN CERTIFYING CA	1 Hou	r
DISEASES rise to 1 UN DERLYIN OTHER SIG TO THE DISEASE D 19A. DATE (OR CONDITIONS, in the above cause (A of CONDITION last. I	f any, giving A) stating the CONTRIBUTING ELATED TO THE GIT. DINDITION FOR V ERFORMED	DUE TO (C) Acut WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of	e Myocardial I	No) 208, IF YES, WERE IN CERTIFYING CA	1 Hou	r ERED
DISEASES rise to 1 UN DERLYIN OTHER SIG TO THE DISEASE D 19A. DATE C 21A. ACCID OR CONTRI DEATH (notice)	OR CONDITIONS, in the above cause (A G CONDITION last. I NIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 19B. COWAS P	CONTRIBUTING CONTRIBUTING ELATED TO TH GIT. DNDITION FOR V ERFORMED 218. hom etc.	DUE TO (C) Acut GE WHICH OPERATION PLACE OF INJURY (e.g., ir e, torm, foctory, street, of the torm, foctory) INJURY OCCURED INJURY OCCURED	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID INJURY OCCUR?	No) 20B, IF YES, WERE IN CERTIFYING CA	1 Hou	r ERED
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE DISEASE D 19A. DATE (CONTRIBUTION OF CONTRIBUTION OF CONTR	OR CONDITIONS, in the above cause (A NG CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 19B. CO WAS P ENT WAS UNDERLYING DEATH OF CAUSE OF the medical examiner)	f any, giving A) stating the CONTRIBUTING ELATED TO TH GIT. DINDITION FOR V ERFORMED 218, hom etc. bi) (Hour) 21E, Whi Wo	PLACE OF INJURY (e.g., in e, form, foctory, street, of the Month of th	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID Indice bidg., INJURY OCCUR?	No) 208. IF YES, WERE IN CERTIFYING CA	I Hou:	r ocction)
DISEASES rise to to UN DERLYIN OTHER SIG TO THE DISEASE D 19A. DATE (C) OR CONTRI DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (1) (3) and haur a	OR CONDITIONS, in the abave cause (A G CONDITION last. INFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING OF OPERATION 198. CWAS PORT (Month) (Doy) (Year Month)	CONTRIBUTING CONTRIBUTING ELATED TO TH GIT. CONDITION FOR A ERFORMED 218, hom hom hom hom with with contribution of the contr	PLACE OF INJURY (e.g., in e., form, foctory, street, of the last o	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID Indice bidg., INJURY OCCUR?	No) 20B. IF YES, WERE IN CERTIFYING CA	# Hou: FINDINGS CONSID AUSES OF DEATH? THE City, give exact I	rection)
OTHER SIGNOTHE OF INJURY (APPROX.) 23A. SIGNAA DISEASE D OTHER SIGNOTHE OF INJURY (APPROX.)	OR CONDITIONS, in the abave cause (A G CONDITION last. II NIFICANT CDNDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 198. CO WAS P ENT WAS UNDERLYING BUTING CAUSE OF ty medical examiner) (Month) (Doy) (Year of the couses see the couse see the c	CONTRIBUTING CONTRIBUTING ELATED TO TH GIT. CONDITION FOR A ERFORMED 218, hom hom hom hom with with contribution of the contr	PLACE OF INJURY (e.g., in e., torm, foctory, street, of the Mork to the deceased from July 15.	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID In the bidg., INJURY OCCUR? 21 F. HOW DID I to the bidg. On the bidg.	No) 20B. IF YES, WERE IN CERTIFYING CA	I Hou:	rection)
DISEASES rise to to the control of t	OR CONDITIONS, in the abave cause (A G CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 19B. COWAS P ENT WAS UNDERLYING BUTING CAUSE OF ty medical examiner) (Month) (Doy) (Year of the course of the	CONTRIBUTING CONTRIBUTING ELATED TO TH GIT. CONDITION FOR A ERFORMED 218, hom hom hom hom with with contribution of the contr	PLACE OF INJURY (e.g., in e., torm, foctory, street, of the Mork to the deceased from July 15.	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID In the bidg., INJURY OCCUR? 21 F. HOW DID I to the body ofter deot of the body ofter deot of the body of the body of the deot of the body of the	No) 208, IF YES, WERE IN CERTIFYING CA (It in Boltimos NJURY OCCUR? 19 62 ta Jul; that in (my) (300 ap	FINDINGS CONSIDUUSES OF DEATH? THE City, give exact I	rection)
DISEASES rise to to UN DERLYIN OTHER SIGNOTO THE DISEASE D 19A. DATE OF TO THE DISEASE D 19A. ACCID OR CONTRIBUTED OR CONTR	OR CONDITIONS, in the abave cause (A G CONDITION last. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OF OPERATION 19B. COWAS P ENT WAS UNDERLYING BUTING CAUSE OF ty medical examiner) (Month) (Doy) (Year Conditions of the couses some street of the couses some some some some some some some s	CONTRIBUTING CONTR	DUE TO (C) Acut WHICH OPERATION PLACE OF INJURY (e.g., ir e., form, foctory, street, of the company of the c	20 A. AUTOPSY? (Yes or No nor obout 21 C. WHERE DID finder bidg., INJURY OCCUR? 21 F. HOW DID I e	No) 20B. IF YES, WERE IN CERTIFYING CA (It in Bolhimo) NJURY OCCUR? 19 62 ta Julithat in(my) (200 ap.) Stott Phys	# Hou: FINDINGS CONSID. FINDINGS CONSID. FOR CITY, give exact I THE CITY, give exact I THE CITY TO THE SIGNE JULY 15: Street Sity, town, or county.	receion) 19.67 red on the



BALTIMORE CITY HEALTH DEPARTMENT

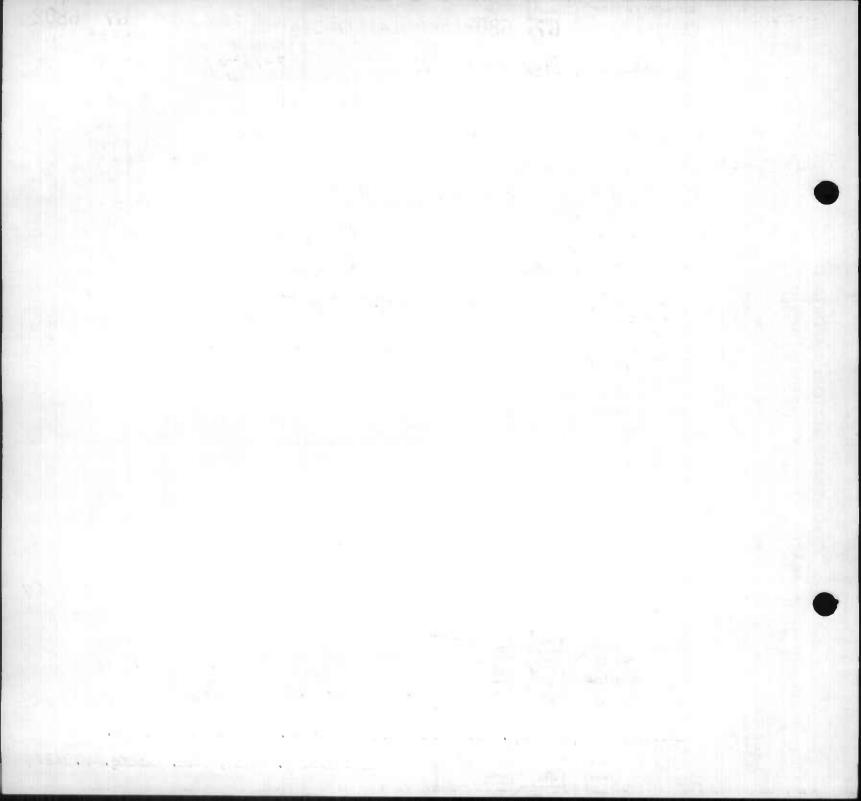
W-430 BIRTH N87 6801 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67 6801

M.E. CASE NO.					
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD			
(Type or Print) ROBERT L. WILLET 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				Tuly 13 1967	1 6.30 pN
			July 13, 1967 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY		
ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Maryla c. city of to	WN (If autside carparote limits, w	rite RURAL and give tawnship)
STITUTION			Da1++	· mama	76-07
MADVIAND CENTERAL HO	CDTMAT	D O A	D. STREET ADD	RESS (If rural, give location)	4006
MARYLAND GENERAL HO	SPLIAL	D.O.A.		Shamrock AVE	
SEX 6. RACE	7. MARRIED, I	NEVER MARRIED	B. DATE OF BIRT	H 4 9, AGE (In year	s If Under 1 Yı, If Under 24 H
	WIDOWED, D	IVORCED (specify)		lost birthday)	Months Doys Hours Min
A. USUAL OCCUPATION (Give kind of wor	marr	1ed	Aug.	21, 1912 54	12. CITIZEN OF
ne during mast at warking life, even it lettred)					WHAT COUNTRY?
Senior Sanitarian	Balto.	City	Pennsyl		U.S.A.
Leo Willet			17. INFORMANT	Bertha I. Miller	ADDRESS
.WAS DECEASED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDKE22
no		192-10-1090	Mrs. Ve	rle Willet	same
18.9002		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI	DECTI Y			•	ONSET AND DEAT
LEADING TO DEATH	1	(A) AC1	to Barbit	curate intoxication	n l
(This does not mean the made of heart failure, asthenia, etc. It means	dying, e.g.,	DUE TO	i.cebarbre	diate inevaluation	***************************************
injury or complication which caused	death.)			-	
ANTECEDENT : CAUSE	c				
DISEASES OR CONDITIONS, IF A		(B)		***************************************	
RISE TO THE ABOVE CAUSE (A) S	TATING THE	DUE 10			
UNDERLYING CONDITION LAST.		(C)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING		, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTIN	G			
TO THE DEATH BUT NOT RE	LATED TO TH				
19A. DATE OF OPERATION 19B. CON		HICH OPERATION	20A. AUTOPSY	? (Yes at No) 20B. IF YES, WERE	FINDINGS CONSIDERED
WAS PER				IN CERTIFYING CA	
21A, EXTERNAL CAUSE WAS	21 B. P	LACE OF INJURY (e.g.,	in or obout 21C. V	WHERE DID (If in Baltimare City,	give exact location)
21A, EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB- UTING CAUSE OF DEATH.	home,	farm, factory, street,	ffice bldg., INJUR	Y OCCUR?	give exect foculari
21 D. TIME (Month) (Day) (Voc	0.00	Home		4433 Shamrock	
OF INJURY (Manth) (Day) (Yea	ir) (Haui) 21	E. INJURY OCCURRED	21 F. H	OW DID INJURY OCCUR?	
(APPROX.) 7 13 67	? m. W	HILE AT NOT AT W	WHILE X IT	ngestion of barbit	rurates
22.					
I certify that I held on	Inquiry	Inspection Aut	opsy X on	d that on this basis, death in	my opinion
resulted from: Notural co	uses A	ccident Suicid	e X Homici	ide Undetermined mor	nner _
	7 /	0	CHIEF M	EDICAL EXAMINER X	
ACTUAL	mont	en .	ASSISTANT M	EDICAL EXAMINER	DATE SIGNED
SIGNATURE 000	0 0	M. D		SEDICAL EXAMINER	
EXAMINER'S NAME (Type) Russi	011 C F	ichor M D	ASSOCIATEN	EDICAL EXAMINER	July 14, 1967
A. BURIAL CREMATION, 23B. DATE		isher, M.D.	CREMATORY	23D. LOCATION (C	ity, town, or county) (State)
MOVAL (Specify)					
Burial 7/17/6	7	Holy Redeeme	r Cem.	Balto. Md.	
A. DATE REC'D BY HEALTH DEPT.			24C. FUNER	AL DIRECTOR	ADDRESS
JUL 1 4 195/ ()	about E	, Jankey MA	7		
		*	Leona	rd J. Ruck Inc. B.	alte. Md.
S 151-REV. 1/1/65	1 17	The second secon	(() ()	3 [

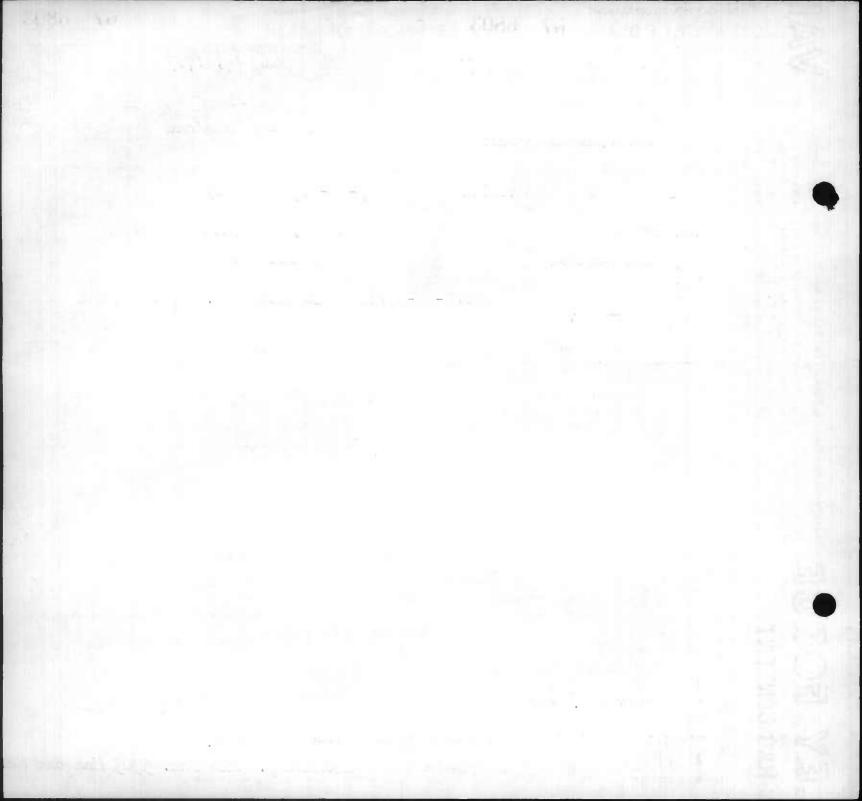


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BALTIMORE CITY HEALTH DEPARTMENT 6802 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH 20 (Type or Print) -16 -67 RESIDENCE (Where deceased lived, If institution: residence before admission) (If outside city limits, write RURAL and give township) If Under 1 If Under 24 Hrs. Yr. Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? Ilf in Baltimore City, give exact location)and that in(my) (our) opinian deoth occurred on the date 23B, DATE SIGNED Leonard J. Ruck, Inc. Balto. Md. 21214 VS 150-REV. 1/1/65



9		BALTIMORE CITY	HEALTH DEPARTMENT		CM C	2002
11	RTH NO. 67 68	SU3 CERTIFICAT	TE OF DEATH	Registered Na	67 6	803
1.	NAME OF DECEASED Type or Print) ALMIRA AL	CFR		14, 1967	1 6	PM
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	W.B.	4. USUAL RESIDENCE (When A. STATE B. COUN		stitution: residence before	odmission)
	FULL NAME DF (If not in hospital or institut oddress or location) INSTITUTION	ion, give street	/1 /	71.7	TVE RURAL and give township)	^Z
	810 Venable Aven	ue		Maryland	7-	00
5.	7 /// //WIDO	NIED, NEVER MARRIED BOWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Und Months Doys Hours	er 24 Hrs. Min.
	DA. USUAL OCCUPATION (Give kind of work 108, KINI one during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stole or foreing Laurens, New		12. CITIZEN OF WHAT COUNTRY?	
1.	Emmett Stanton	Ţ	4. MOTHERS MAIDEN NAM Ella Harri	ΛE		
	5. Was Deceased Ever in U. S. Armed Forces? 'es,na grunknown) (If yes, give war or dates of servi		7. INFORMANT BB Frederi	ck E. Alge	ADDRESS er Same	
-	18. 175.01	CAUSE OF		0	INTERVAL BETY	
	DISEASE OR CONDITION DIRECTLY		a Care		ONSEI AND D	00-
	(This does not mean the made of dying,		Den & Casan	noma	- 3 men	eles
	heart failure, asthenia, etc. It means the dise injury ar camplication which coused death.)	ose,	Quary .	wille gen	erolio D	
	ANTECEDENT CAUSES	(B) DUE TD	metallas		at the	
	DISEASES OR CONDITIONS, if ony, gi	-				
	rise to the above couse (A) stoling UNDERLYING CONDITION last.	The (C)				*****
	DITHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO	ITING THE				
	DISEASE DR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?	
10	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, offictc.)	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
6	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?		
1	(APPROX)	While AI Not While At Work				
	22. I certify that (I) (this hospital) attend	ed the deceased fram	1	9ta	1	9
	that (I) (we) last saw the deceased alive	an	19and the	at in(my) (aur) apli	nian death accurred a	the date
	and haur and fram the causes stated abav	e. (1) (We) (did) (dld nat) vi	ew the bady after death.			
	23A. SIGNATURE	M.D. Atten	ding Med.	Stoff	23 B. DATE SIGNED	
	23 CPHYSICIAN'S	Phys.	Director Director	Phys. L		
	Charles B. Marek	M.D.	3300 Il	e Plan	redo.	
2		C. NAME of CEMETERY OF CREA	MATORY 24D. LC	OCATION (C)	ly, lown, or county)	(Stole)
		eadowridge Memor	ial Park	Balto. Md		
2	SA. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR Leonard J.	Ruck Inc.	5305 Harfo	ord Re
V	\$ 150-REV. 1/1/65		0 9 : 0	1		

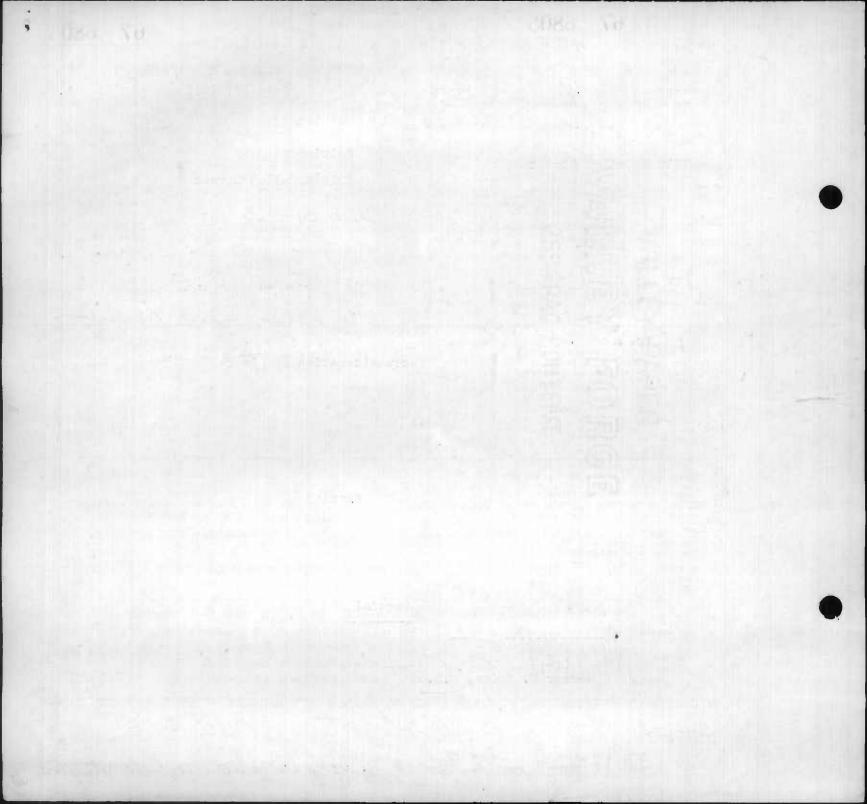


		HEALTH DEPARTMENT
	IRTH NO. ALE CASE NO. 67 6804 CERTIFICAT	E OF DEATH Registered No. DV DOUG
T ₎	Type or Print) EMMA PAULINE HARTMA	7/13/1967 3 - p.
3.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A, STATE B, COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
1	INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTHORE 21206
	NORTH CHARLES GEN. HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)
		9802 MIDLINE Kd. 21206 DATE OF BIRTH 19. AGE (In vegs If Under 1 Yr. If Under 24 Hrs
	F WIDOWED, DIVORCED (specify)	11/28/1872 lost birthdoys 94 Months Doys Hours Min.
do	0A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11 one during most of working life, even if retired) Housewife	1. BIRTHPLACE (State or foreign country) L. C. CITIZEN OF WHAT COUNTRY? L. S. A.
3	Julius Haupt.	4. MOTHER'S MAIDEN NAME
15, (Y	5. Was Deceased Ever in U. S. Armed Forces? / SECURITY NO. 215-56-1237-J1	R. ROUSE NOFF, H.D. N. CLARGES HOS
_	18. 420. / I CAUSE OF	DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the made of dying, e.g., heart foilure, osthenio, etc. It means the disease,	stouthy in sufficiency
	injury or complication which caused death.)	Rougher in Sufficiences
		14:
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)	
	UNDERLYING CONDITION last.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
CAT	DISEASE OR CONDITION CAUSING IT.	[20A. AUTOPSY? (Yes or No.)] 20B. IF YES, WERE FINDINGS CONSIDERED
RTIFL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
C	U 21A. ACCIDENT WAS UNDERLING [21B. PLACE OF INJURY (e.g., in c OR CONTRIBUTING CAUSE OF CAU	or obout 21C. WHERE DID (If in Boltimore City, give exact location) ce bldg., INJURY OCCUR?
ē	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
>	(APPROX.) While At Not While At Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from	12/19 67 to 7/13 19 67
	that (I) (we) lost sow the deceased alive on	19 6 2 and that In(my) (our) opinion death occurred on the do
	ond hour ond from the couses stated above. (I) (We) (did) (did est) vie	
	M.D. Attend	
	Phys. 23C. PHYSICIAN'S [23]	D. ADDRESS
	NAME (Type) C. ARAWAGA M.ONO	orth Charles General Hospital
24	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREM	AATORY 24D. LOCATION (City, town, or county) (State)
	Burial July 17,1967 Baltimore Cem	netery Baltimore Md.
25	SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	HENRY SANDER & SONS THE
75	S 150.REV 1/1/65	Baltimore Md.

Julius Haupt.

B-650

6	6805	BALTIMORE CITY HEAL	TH DEPARTMEN	Т		67	6905
BIRTH NO.	MEDICAL	EXAMINER'S C	ERTIFICAT	E OF	DEATH Registe	red No.	0000
M.E. CASE NO.							
1. NAME OF DECEASED				2. DATE AN	D HOUR PRONOUNCE	ED DEAD	
(Type or Print) Pratt	41	Brown		T., 1.,	15, 1967		3:20 A. M.
	MARYLAND, WHERE PRO		IN LISTIAL DESIDE	SULTY SULTY	deceased lived If inet	itution: toeide	
S. TEACE IN DELINIONS	MARICAND, WITERE TRO	NOONCED DEAD			deceased lived. If insti	NTY	nee delote donn's ston
FULL NAME OF (IF	NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryla		4		/
HOSPITAL OR AD	NOT IN HOSPITAL OR IN DRESS OR LOCATION)		C. CITY OR TOW	/N (It autsid	e carparate limits, write	RURAL and	give tewnshipl
			Baltin	nore			11-07
1212 McCu	11oh Street		D. STREET ADDR		give lacation)		11-1-
00			1212 M	AcCullo	h Street		/
5. SEX 6. RAC	E 7. MARP	IED, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under 1	Yr. If Under 24 Hrs.
	WIDOW	ED, DIVORCED (specify)	2000		2 lost birthday)	Manths, D	Pays Haurs Min.
Male N	egro		oray 2	7/7/00	42		
done during most of working	N Conve hind of work 10B. KINI	OF BUSINESS OR INDUSTR	111. BIRTHPLACE	State or foreig	gn country)	12. CITIZEN	OF COUNTRY?
7	-pen)		Datten	on	mex	11	LH-
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NAM	E		
HAD. M.	1 12000		Dag. so	10. /	1 holono a		
15 WAS DECEASED EVEN	R IN U.S. ARMED FORCES	? 16. SO CIAL	17. NFORMANT	uc u	, were	ADDRESS	
(Yes, no or unknown) (If yes,	give war of dates of servi		IV. USFORMANT				1
	UES		110000	20.1-	36001	marno	4. Chai
1B.	A /	CALLSE	OF DEATH	Junes			NTERVAL BETWEEN
28/11	/ 1	0.7032	. OI DEATH				ONSET AND DEATH
DISEASE OR	CONDITION DIRECTLY	77	41.				
	ING TO DEATH		Alteration	on of L	iver		· · · · · · · · · · · · · · · · · · ·
heart failure, asthen	on the made of dying, ia, etc. It means the disea	e.g., DUE TO					
injury or complication	on which caused death.)						
ANTECE	DENT CAUSES					i	
DISEASES OR CO	NDITIONS, IF ANY, GIVE	NG DUE TO			***************************************		
UNDERLYING CO	VE CAUSE (A) STATING T	HE					
	TOTAL CASA	(C)					
9							
OTHER SIGNIFICANTO THE DEATH DISEASE OR CONI	NT CONDITIONS CONTRIB	UTING				-	
TO THE DEATH	BUT NOT RELATED T	O THE				100	
DISEASE OF COM	DITION CAUSING IT.	OR WHICH OPERATION	Partial	(V N-1	DAD IE VEC WEBE EN	NIDINGS CO	NICIDEBED
O OFERA	WAS PERFORMED	OK WHICH OPERATION			IN CERTIFYING CAUS		TH?
1011			Yes				Yes
VUNDERLYING OR CO		21B. PLACE OF INJURY (e.g., hame, lam, factory, street,	in or obout 21C. W	HERE DID	(If in Baltimare City, gi	ve exoct loc	otian)
UTING CAUSE OF	DEATH.	etc.)	5.090,1113.081	O C C O K.			
2	h) (Day) (Year) (Hourl	21E. INJURY OCCURRED	215 HO	W DID INII	URY OCCUR?		
OF INJURY	ii (Dayi (Teali (Houli			W DID ING	OKI OCCOK:		
(APPROX.)		m. WHILE AT NOT AT W	WHILE ORK				
22.		Par	tial,				
1 certify the	at I held an Inquiry	Inspection Au	tapsy X and	that an th	is basis, death in n	ny apinlan	
resulted fro	m: Natural causes X	Accident Suicid	e Hamicia	de 🗌 🔝	Undetermined manne	er _	
	1111.		CHIEF ME	DICAL EX	CAMINER		
ACTUAL	11/2 120-1	7 1/			A		DATE SIGNED
SIGNATURE_	100 1107 1	M.D	ASSISTANT ME				7/15/67
EXAMINER'S	Werner U. S	Spitz, M.D.	ASSOCIATE MI	EDICAL E	XAMINER	/	7/15/67
NAME (Type)						_	
23A, BURIAL CREMATION REMOVAL (Specify)	N, 238. DATE	23C. NAME of CEMETERY	CREMATORY	23 D. L	OCATION (City,	towar, oy co	untyl (Stotel
Buil	17-18-67	MAILE MAI	(n.th		Balla	2/	
24A DATE RECID BY HE	ALTH DEPT 1240 ALL	ME OF REGISTRAR	en	I DIRECTO	all "	-	DRESS
24A. DATE REC'D BY HEA	ALTH DEPT. 248, NA	ME OF REGISTRAR	24C. FUNERA	AL DIRECTOR	1 1	AD	DDRESS
mi-	17 1967 P.O.	& E. Farbarno	Ollow	.M/1	la mar	B.	en AA.le.
anr	- 100/ Uplus	W C, Julyania	May	vw.	MONOTO	Juli	mulgice
VS 151-REV. 1/1/65			0 6	3 6)		

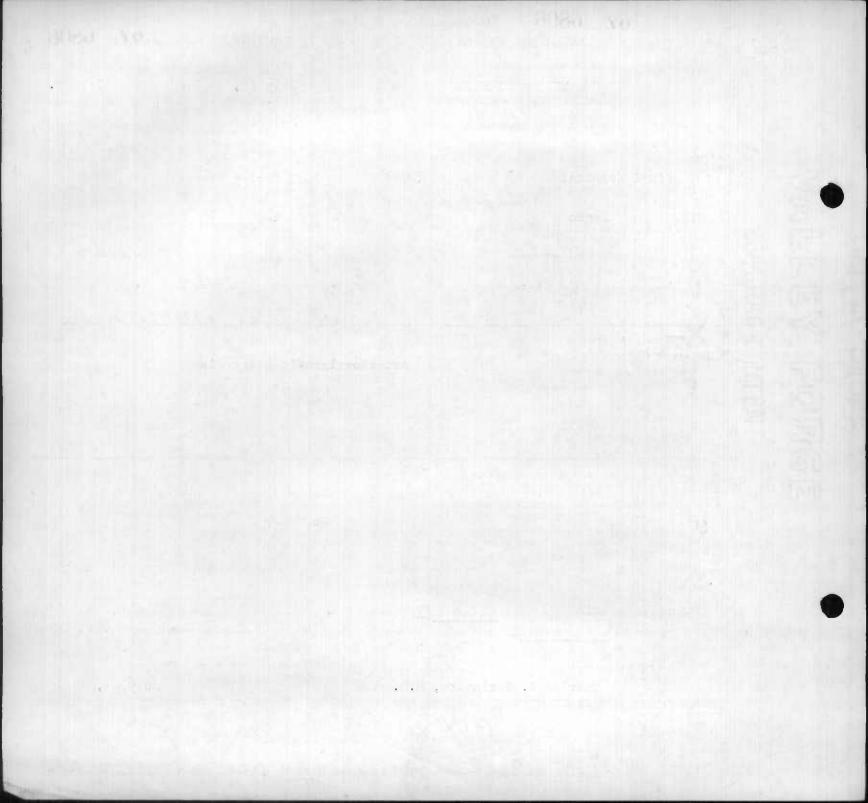


67. 6806 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7 6806

M.E. CASE NO.	
1. NAME OF DECEASED (Type or Print) TYLER NICKENS	July 12, 1967 7:45 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
43	Baltimore D. STREET ADDRESS (If rural, give location)
Sinai Hospital (DOA)	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Male Negro	Level 13 - 1900 Tost birthdoy) Months, Days, Hours, Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR done during most of working life, each if refred)	RY11. BIATHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHERS NAME NIE PALLA	14. MOTHER'S MAIDEN NAME
15. WAS DECLASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dotes of service) 15. WAS DECLASED EVER IN U.S. ARMED FORCES? (Yes, no of unknown) (If yes, give war or dotes of service)	amelin Lee 17211 Caran II.
Tree	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DUE TO Heart foilure, asthenia, etc. It means the disease. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? In or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. INJURY OCCUR?
22.	utopsy ond that on this bosis, death in my opinion
resulted from: Notural couses X Accident Suicident	de Homicide Undetermined monner
ACTUAL SIGNATURE Class J. Sal M.E.	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER July 13, 1967
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY Burial 7-24-67 Balls Ret	- Out Ballo mex
JUL 17 1967 P. S. E. Fallower	Thoy O Wilson 200 Brankley
VS 151-REV, 1/1/65	9/:



258. NAME OF REGISTRAR

BIRTH NO.

(Type or Print)

M.E. CASE NO.

REMOVAL (Specily)

VS 150-REV, 1/1/65

written

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

Such

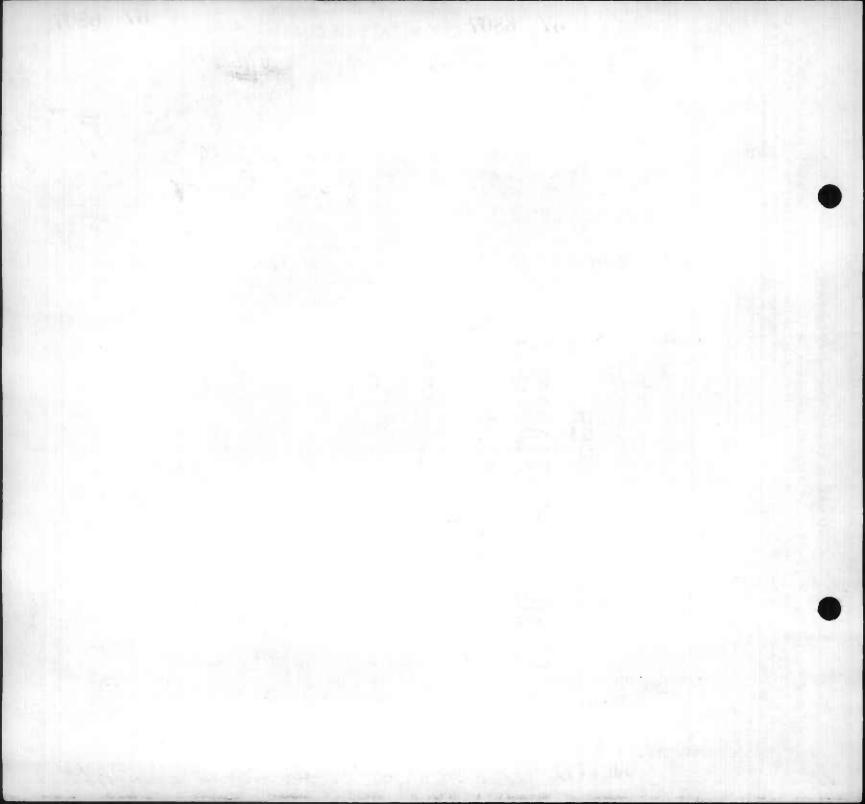
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Eliza Sette

Registered No. 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Whele dec A. STATE B. COUNTY lived. If institution: residence before admission) (If outside city limits, write RURAL and give low) Mosse If Under 24 Hrs. If Under 1 Yr. Months! Doys 12. CITIZEN OF WHAT COUNTRY? CORNELIA ADDRESS 2613 w Farmy ownt An INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (aur) apinion death accurred an the date 23 B. DATE SIGNED The Glamade 24D. LOCATION ADDRESS SETFUNERAL DIRECTOR



FUNERAL DIRECTOR: IMPORTANT

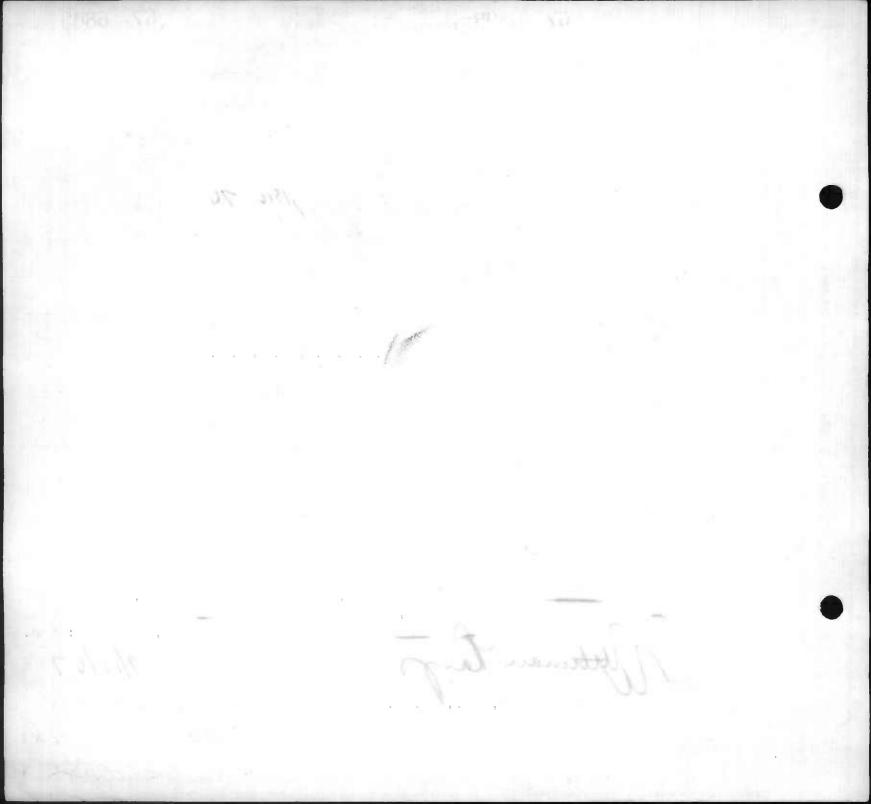
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	07 0000	BALTIMORE CITY	HEALTH DEPARTMENT		67	0000	
	BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	67.	6808	
	T.NAME OF DECEASED	2011	2. DATE AN	P HOUR OF DEATH		0.11	
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	addop	4. USUAL RESIDENCE (WHO)	deceased lived if ins	Aitution: res	idence before od	M. mission)
	FULL NAME OF (If not in hospital or institution, give	teoris.	A. STATE B. COUNT	· Omes	/		
	HOSPITAL OR oddress or locotion) INSTITUTION	sileei	C. CITY OR TOWN (If out	ride city limits, write RI	URAL ond	give township)	41
	100 - 11/11/1	50	D. STREET ADDRESS (If I	urol prive location)	2	16	07
-	2025 W. LANUALE	21 -	2025 Wid	Fanale	- Si	7	
1	5. SEN 6. RACE 7. MARRIED, NEV WIDQWED, DI	VER MARRIED VORCED (spegify)		ost birthdoy)	If Under Months C	1 Yr. If Under Doys Hours	24 Hrs. Min.
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	MULL	april 2 1930	TAT SOUNTED	12. CITIZE	EN OF	
	done during most of working life, even if retired)	The state of the s	2.4	62 A		T COUNTRY?	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE MICK	M	AH	
	Il all our Or I fair	- at	for '	anul.	ч		
	15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] (If yes, give wor or dotes of service)	SOCIAL	17. INFORMANT	gugar	~ 0'	ADDRESS	
ı	The state of the services of services	SECURITY NO.	O. L. T. W	24 Miles	0	2011 &	_
	18. 17501	CAUSE O	FOEATH	acery -		NTERVAL BETWE	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	10			/	
	(This daes nal meon the mode of dying, e.g.,	DUE TO		ary	<u></u>	wits	*******
	heort foilure, osthenia, etc. It means the disease, injury ar camplication which caused death.)	1./	la mitanta	i to line			
	ANTECEDENT CAUSES	(B) OUE TO	a while	1		004000000000000000000000000000000000000	*********
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	(C)	dispual mitasta	etc.			
	UNDERLYING CONDITION Iasi.	British daring and an angular days and		000000000000000000000000000000000000000		**************	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OFERATION 198. CONDITION FOR WHICE WAS PERFORMED CANCER		20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS C	ONSIDERED	
	U 21A. A CCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., i	or about 21 C. WHERE DID	(If in Boltimore	City, give	exact location)	
	OR CONTRIBUTING CAUSE OF COLOR (notify medical examine)	orm, factory, street, of	fice bldg., INJURY OCCUR?	No			
	21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJ	URY OCCURRED	21F. HOW DID INJU				
	(APPROX) While A	Not Whill			/		13
	22. I certify that (I) (this hospital) attended the d	eceased fram	C/19/07 1	9to	7/7	19	()
	that (1) (we) last saw the deceased alive an	7/6	19.4.7and the	it in(my) (aur) apln			he date
	and haur and from the causes stated above. (1) (W	(did) (did nat) v	iew the body after death.		DATE	hourd	
	Ollen Kemen	M.D. Atte		Stoff Phy s.	23B. DATE	15/17	
	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	.,	7	11	
	ALZEN MLEIMI	4N M.D.	1115 N CA	LUERT Si	-	ISALTO	10
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	of CEMETERY OF CRE	MATORY 24D. LC	CATION (City	, town or	County)	(State)
	Burul 7-10-67 St	Juke (aut	mary	and	4000000	
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RI	Co O ma	25C. FUNERAL DIRECTOR	lear 1	p	ADDRESS	110
	VS 150-REV. 1/1/65	Calley Call	Charles (1) F	con jobo	Che	netyl	

Comment our Whomas motion to the promo de HUEN KEEMAN

D	400
	cause of de se; (5) Decea indance on to death. S
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such exritten approval must be obtained before the remains are embalmed or final disposition is made.
N	direct or c d; (4) Undet th was in on the dec disposition
IMPORTA	Also, if the e of any kind ounced dea attendance
RECTOR:	examiner. 3) A fracture n who pron in regular s are embalr
FUNERAL DIRECTOR: IMPORTANT	thief medical a medical Body burns; (the physicial ysician was
J	ved by the hospital by nature; (2) sept where d (6) No phained before
	eased to the ident of any ident of any hospital (excodeath); and must be obt
	ody was related was related b.O.A. at a based prior to an approval
	This of the bashows was I deced

CO COOO BALTIMORE CITY HEALTH DEPARTMENT	0000
BIRTH NO. M.E. CASE NO. 67. 6809 CERTIFICATE OF DEATH Registered No. 6	7 6809
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH (Type or Print)	1967
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (White deceased lived. II institution in the control of the contr	on: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (II outside city limits, write RUM)	Lond giver township)
marusleral marusleral	15-06
2819 Presture Start	7
5. SO 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In learn lost birthdox) Modern Mode	Under 1 Yr. If Under 24 Hrs. oths Doys Hours Min.
	CITIZEN OF
South Carolina South	WHAT COUNTRY?
13. FATHER'S NAME	
O. Ben Weldon Eller On	
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no grunknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
my Curvle Haren	Sound
18. 4.20 OI CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ONSEL AND DEATH
(A) A. S. H. D. ; Π_a C. V. D.	2 ACCES A NACE A RACESSA A 200000000 C ACCES OF TOTAL 2000000000000000000000000000000000000
heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.)	
ANTECEDENT CAUSES decompensation	6 months +
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove cause (A) stating the (C)	
Z CANAL STORY CONTROLL TIME	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED N/A N/A N/A N/A N/A N/A N/A N/	
U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDI	NGS CONSIDERED
N/A WAS PERFORMED N/A N/A N/A	OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	, give exact lacation)
DEATH (notify medical examiner) N/A P/A N/A	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At N/A While N/A Work N/A Work	
22. I certify that (I) (this heapital) attended the deceased from Jan. 10, 19 67 to June 2.	
that (1) (we) last saw the deceased alive an June 22, 196719 and that In(my) (our) apinian	death accurred an the date
and haur and fram the causes stated abave. (1) (did not) view the bady after death. July 14,	
23A. SIGNATURE) 23B.	DATE SIGNED
Attending Med. Stoff Phys. Stoff Phys.	7/17/67
23C. PHYSICIAN'S NAME (Type)	
Uthman Ray, Jr., M. D. 2225 West North Ave	enue 21216
	wn, or county) (Stote)
Burd 7-18-67 (July lun (but	Weste Mil
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C FUNERAL DIRECTOR	ADDRESS
Wilson for Bra	enttantel
VS 150-REV. 1/1861 L 1301 (Iblent E, Cantagonia)	



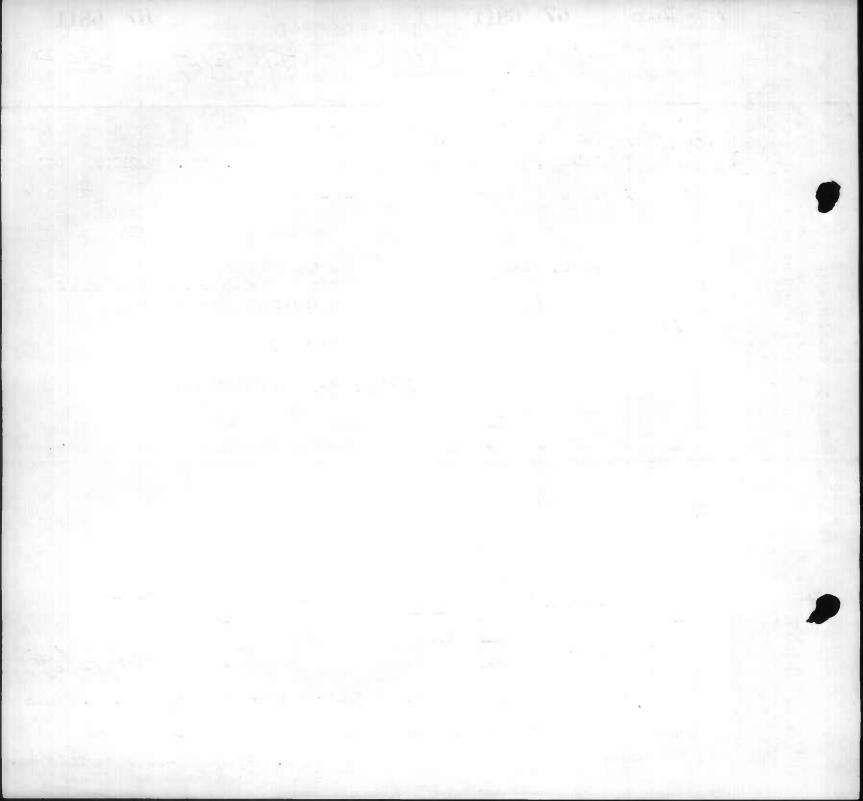
VS 151-REV. 1/1/65

67. 6810 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67. 6810

M.E. CASE NO.							
1. NAME OF DECEASED	PADDY O' SHEA	2. DATE A	ND HOUR PRONOUNCED DEA				
Trype of Thiny	JAMES VINSPNT SPARKS	7-5	6-67	12:05 PM M.			
3. PLACE IN BALTIMORE, MARY	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If institution: re B. COUNTY	sidence before admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS	I HOSPITAL OR INSTITUTION, GIVE STREET OR LOCATION)	C. CITY OR TOWN (If outs	de corporate limits, write RURAL				
FRANKLIN SQUA	ARE HOSPITAL	Baltimore D. STREET ADDRESS (If run					
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	r 9. AGE (In years If Uni	der 1 Yr. If Under 24 Hrs.			
Male White	WIDOWED, DIVORCED (specify)	1006/4	20 47 Month	s Doys Hours Min.			
IOA. USUAL OCCUPATION (Give k	ind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or for		TZEN OF			
MERCHANT SEAD		IENN.	U	. S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
Wm. ROBT.	SPARKS	LULA LON	16				
	or or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRI	ESS			
YES 1111	369-36-4212	MRS. HATEL K	YOER 2309 F	DSTER AVE			
18.	CAUS!	OF DEATH	10211	INTERVAL BETWEEN			
PISSAGE OF COND	TION DIRECTLY			ONSET AND DEATH			
LEADING TO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Craniocerebral injuries						
heart failure, asthenia, etc.	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)						
ANTECEDENT	CAUSES	nd multiple fra	ctures of ribs				
RISE TO THE ABOVE CAU	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE						
UNDERLYING CONDITIO	N LAST. (C)						
ē		1.00					
OTHER SIGNIFICANT CONTO THE DEATH BUT	IDITIONS CONTRIBUTING						
DISEASE OR CONDITION	CAUSING IT.			***************************************			
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes	208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I				
O UNDERLYING NOR CONTRIB-	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or obout 21C. WHERE DID	(If in Boltimore City, give exact	locotion)			
O UNDERLYING XOR CONTRIB- UTING CAUSE OF DEATH.	etc.) Street		Baltimore Street	19-03			
ZID INVIE (MODIM) (PC	EL (Yeor 2 - GIOUT) & 21E. INJURY OCCURRED	21F. HOW DID IN					
(APPROX.) 6 2	(APPROX.) 6 26 67 PM WHILE AT NOT WHILE X Fell down steps						
	22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my opinion						
resulted from: No	resulted from: Notural couses Accident X Suicide Hamicide Undetermined manner						
ACTUAL	sand 1	CHIEF MEDICAL		DATE SIGNED			
SIGNATURE	1 / o we M.D	ASSISTANT MEDICAL	XAMINER				
EXAMINER'S	acrit a projen wh	ASSOCIATE MEDICAL	EXAMINER	7-5-67			
	SSELL S. FISHER, M.D.	C CREAL ATORY 122D	LOCATION (City, town, o	r county) (State)			
REMOVAL (Specify)	7 . 2 / A P A	OF CREIVIATORI 23D.	2	(31016)			
BURIAL 1	-12-61 DALTO. (EM	IEIERY 1-	DALTIMORE	1110.			
24A. DATE REC'D BY HEALTH D	EPT. 24B. NAME OF REGISTRAR	24C. FÜNERAL DIRECTO	PR / /-	ADDRESS			
JUL 17 19	367 P. Dr. B. E. Farley M.	CHOMPANO	L. KACZOROWSI	FLEET S			

THE HOLD IN STREET STREET

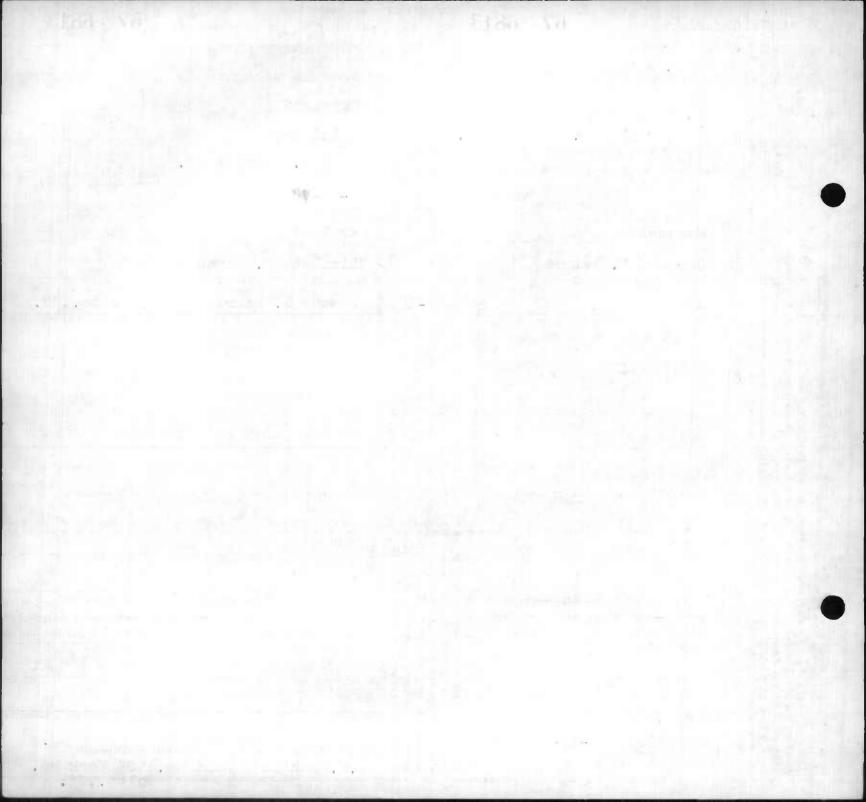
VS 150-REV. 1/1/65



BIRT				Y HEALTH DEPARTMENT	\/	67 6812
	H NO. - CASE NO.	67 6812	CERTIFICA	ATE OF DEATH	Registered Na	. 07 0014
1. N	AME OF DECEASED		12	2. DATE A	NO HOUR OF DEAT	100
	MAK	1 STRE	P	Wills	1/2,1967	In 1 9 pm
. P	PLACE OF DEATH IN MALTIMO	RE, MARYLAND		A. USUAL RESIDENCE (WA)		institution; rosidence bytore odm
	ULL NAME OF (If not in h	nospital or institution, g	give streat	C. CITY OR TOWN (If o		1) Wes
	NSTITUTION	4.1	//	BATE 9	- /1	RURAL and give township)
	25 Course	Home &	Hop tel	D. STREET ADDRESS (II	rurola elve la ation)	7019
			U	180 0	ROILIE	RD 21221
5. \$	FEMALE WHITE	WIDOWED	DIVORCED (specify)	8-18-01	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 2 Months: Doys Hours
	. USUAL OCCUPATION (Give kind during most of working life, even if		BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	none	+ 40	~e	MARY	CAND	U.5A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	7
		condo.	R	MAR	THA 1	4822
15. Y	Was Deceased Ever in U. S. Am s, no or unknown) (If yes, givo wor	med Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	as as	,	220 46 83			
	18. 420.11		CAUSE	OF DEATH	100	INTERVAL BETWEE
	DISEASE OR CONDITION			1		
	(This does not mean the m	ade of dying, e.g.,	(A) DUE TO	AUSTE 1440 CO	40186 1N	MADON ? DAYS
	heart failure, asthenia, etc. It injury ar camplication which					
	ANTECEDENT C		(B)			
	DISEASES OR CONDITION		501 10			
	rise to the above cause UNDERLYING CONDITION I		(C)			
7		ONS CONTRIBUTING	9			
0	OTHER SIGNIFICANT CONDITI	T RELATED TO THE	C			
CATION	TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE		20A. AUTOPSY? (Yes or N	0) 208, IF YES WER	E FINDINGS CONSIDERED
	TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THE		20A. AUTOPSY? (Yes or N	10) 208. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THI JSING IT. B. CONDITION FOR V AS PERFORMED YING 218.	WHICH OPERATION	in or obout 21 C. WHERE DID	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
AL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL	T RELATED TO THI JSING IT. B. CONDITION FOR V AS PERFORMED 21B. OF	WHICH OPERATION PLACE OF INJURY (e.g., o, form, foctory, street,		IN CERTIFYING C	AUSES OF DEATH?
DICAL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL	TRELATED TO THI JSING IT. 8. CONDITION FOR V AS PERFORMED 218. hom of i) (Your) (Hour) 21E.	PLACE OF INJURY (e.g., o, form, foctory, street,	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
ICAL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL 19A-DATE OF OPERATION 19 21A-ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (notify medical axominor 21D. TIME (Month) (Day)	TRELATED TO THI JSING IT. 8. CONDITION FOR V AS PERFORMED 218. hom of i) (Your) (Hour) 21E.	PLACE OF INJURY (e.g., io, form, foctory, street, injury occurred Not Wh	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
MEDICAL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL 19A.DATE OF OPERATION 19 21A.ACCIDENT WAS UNDERLOWN CONTRIBUTING CAUSE DEATH (notify medical axominat 21D. TIME (Month) (Day) OF INJURY (APPROX.) 22. I certify that (I) (this ha	TRELATED TO THI JSING IT. B. CONDITION FOR V AS PERFORMED 218. OF hometc.) (Your) (Hour) 21E. Whi Wor ospital) attended th	PLACE OF INJURY (e.g., to, form, factory, street, injury occurred Not What At Work he deceased fram	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	JURY OCCUR?	AUSES OF DEATH? DIE City, give exect lecetion)
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MEDICAL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CALL 19A.DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OPERATH (notify medical axaminor (APPROX.) 22. I certify that (I) (this hat (I) (we) last saw the dand haur and fram the cause 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) BURIAL CREMATION, 24B. DREMOVAL (Specify)	IT RELATED TO THI JSING IT. B. CONDITION FOR V AS PERFORMED YING 218. Hom etc.) (Yoor) (Hour) 21E. Whi Wor ospital) attended the eceased alive an es stated above. (!	INJURY OCCURRED INJURY OCCURRED AI Work AI Wo	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN ile 19 2 and t view the bady after death. tending Med. pirector 23 D. ADDRESS	JURY OCCUR? 19 6 7 to 900 hat in (my) (aur) a second phys.	AUSES OF DEATH? DIE City, give exect lecohen) 19 pinion death accurred an the
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MEDICAL CERTIFIC	TO THE DEATH BUT NO DISEASE OR CONDITION CAL 19A.DATE OF OPERATION 19 21A. ACCIDENT WAS UNDERLOWN CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this he that (I) (we) last saw the diand haur and fram the cause 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 23C. PHYSICIAN'S NAME (Type) 23C. BURIAL CREMATION, 24B. DREMOVAL (Specify) BURIAL CREMATION, 24B. DREMOVAL (Specify)	TRELATED TO THI JSING IT. R. CONDITION FOR V AS PERFORMED LYING 218. OF 218. OF 218. Whi Wor ospital) attended the eceased alive an es stated abave. (I	INJURY OCCURRED INJURY OCCURRED IN AI Work AI	in or about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID IN item in the body after death. 22F. HOW DID IN item in the body after death. 23D. ADDRESS REMATORY 24D. Methorial Park 25C. FUNERAL DIRECTO	IN CERTIFYING CO. (If in Boltim JURY OCCUR? 19 6 7 ta	Dire City, give exact locohon) 19 pinion death accurred an the signed 23B. DATE SIGNED July 17,1

AL MICHAEL TORL AND CHARGE EMAIN PRO-

			BALTIMORE CIT	Y HEALTH DEPARTME	ENT	0010
BIRT	rh no.	67 6	813 CERTIFICA	TE OF DEA	TH Registered No	67 6813
	E CASE NO.		OLK THIC	TIE OI DEAT	ATE AND HOUR OF DEAT	
(Typ	pe or Print)		471	2. 07	11111	1 30
2 1	PLACE OF DEATH IN BALTIMORE	AAA PYLAND	BLAKE	TA HEHAL BESIDENC	1 101	institution; residence before admission)
3. 1	PLACE OF BEATH IN SALTIMORE	MARIEAND		A. STATE B.	COUNTY	institution: residence before damission)
1	FULL NAME OF (If not in hos	spitol or instituti	on, give street	Maryland	a e	
	HOSPITAL OR oddress or lo	ocotion)		C. CITY OF TOWN	(If outside city limits, writ	e RURAL and give tawnship)
	A A 3333 N.	Charle	g St	Baltimor	70	12-02
	() () 5555 11.	0110.1.10	5 50.	D. STREET ADDRESS	(If rurol, give lacation)	70
	0			3333 N.	Charles St.	
5. S	EX 6. RACE		IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	F W		WED, DIVORCED (specify)	70 22 58	last birthday)	Manths Doys Hours Min.
163	USUAL OCCUPATION (Give kind of		OWed	10-23-78		12. CITIZEN OF
	e during mast of working life, even it re		of bosiness or intoosik	TI. DIKITITEA CE (3101e	or toleigh country)	WHAT COUNTRY?
	Housewife			Maryland		USA
13.	FATHERS NAME			14. MOTHER'S MAID	EN NAME	
	Bernard N. Bake	er		Elizabeth	n E. Livesey	
	Was Deceased Ever in U. S. Arme		1 6, SOCIAL	17. INFORMANT		ADDRESS
(Yes	s, no ar unknawn) (If yes, give wor o		e) SECURITY NO.			
	No		550-14-155	D Thomas H	B. Harrison	Balto.,Md.
	18. 3.3 LL XI		CAUSE	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION	N DIRECTLY		0.5	0 0 0 0 0	ONSET AND DEATH
	LEADING TO DE	ATH	(4) 50	merchand & (Tendral ante	machini - Gran
	(This does not mean the mod			8		
heart failure, astheria, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CA		(B)			
	DUE TO					
	DISEASES OR CONDITIONS, it any, giving rise to the above couse (A) stating the (C)					
	UNDERLYING CONDITION lost.					
	11					
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ATIO	TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS		THE			
C	19A. DATE OF OPERATION 19B.	CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Ye	s or Na) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC	WAS	SPERFORMED		m	IN CERTIFYING C	CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLY	NG	21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE	DID (If in Boltim	ore City, give exact lacotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	F	hame, farm, factory, street, o	office bldg., INJURY OCC	CU R?	
DIC						
MEC	21 D. TIME (Manth) (Day) (OF INJURY	(Year) (Hour)	21E, INJURY OCCURRED		ID INJURY OCCUR?	
<	(APPROX.)		While At Wark At Wark			
	22. I certify that (1) (this has	pital) attende	d the deceased from		19 48 to a	1967
	that (I) (we) lost saw the dec		() 0	2		
						pinion deoth occurred an the dot
	ond haur ond from the causes	s stated above	(1) () (did) (did not)	view the body after a	death.	
	23A. SIGNATURE	- 0	0			23B. DATE SIGNED
	1 Jolh	YS.	M.D. AH	ending Med.	Staff Phys.	7/16/67
	23C. PHYSICIAN'S			23 D. ADDRESS	·	1.1
	NAME (Type)	E12 F	3. BUCK M.D.	18 E.E.	ASER	21202
244	00,1		0. (0 (7	
244	REMOVAL (Specify) 24B, DAT	240	NAME of CEMETERY or CR	EMAIORI	24D. LOCATION	(City, town, or county) (State)
0	remation 7-1	7-67 G	reenmount		Baltimore	Md.
	A. DATE REC'D BY HEALTH DEPT.		NE OF REGISTRAR	25C. FUNERAL DI		ADDRESS
	GRET (10/ 100	est Entailmen	H.W.Jenk	ins & Sons C	10.4905 York Rd.
Ve	150-REV 1/1/65					Balto.Md.



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of
shows: (1) An accident of any nature; (2) body burns; (3) A tracture of any kind; (4) underermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

		TE OF DEATH Registered No.	67 6814			
	1. NAME OF DECEASED (Type or Print) ETHEL M. SCHNEIDER	2. DATE AND HOUR OF DEATH	7 8:10 AM			
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institute. B. CDUNTY				
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
4	UNION Memorial HOSP.	D. STREET ADDRESS (If Turol, give location) 1655 KINGS WAY SHURE				
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9. AGE (In years lost birthday) N	Under 1 Yr. If Under 24 Hrs. Conths Doys Hours Min,			
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		2, CITIZEN OF WHAT COUNTRY?			
	Housewife Own Home	MARYLAND	4.5, A.			
13/203	JOHN ELLIS COLEMAN	JOSEPHINE A. BY	HON			
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 218-07-2771	ELEANOR RYGEMEY	1650 KINGSWAX 59-44RE			
5	18. / 2 0 / CAUSE O		INTERVAL BETWEEN			
3	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	yound'al infanction endscleratio aronary des				
2		endscleratie coronary des	lase			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	wk.	W			
DE LO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes of No.) 20 B. IF YES. WERE FIN IN CERTIFYING CAUSE				
Detore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID III in Boltimore C fice bldg., INJURY OCCUR?	ity, give exoct locotion)			
aluea	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While AI Work AI Work					
De opt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an	7-10-67 19 to 7	,			
	and haur and fram the causes stated above. (1) (We (did) (did not)	riew the body after death.				
	23A. SIGNATURE M.D. AIII	ending Med. Stoff	7-16-67			
approval most	23C. PHYSICIAN'S	s. Director Phys. 23D. ADDRESS	7-10-07			
2	FRANK S. PALNISANO, JR. M.D.	THE UNION MEMORIAL HOS	SPITAL			
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City,	town, or county) (State)			
	Burial 7-19-67 Parkwood 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Parkville 25C. FUNERAL DIRECTOR	Md .			
	1111 17 1967 R. O. Bis Failmina	H.W.Jenkins & Sons Co.				
	VS 150-REV, 1/1/6S		Balto., Md.			

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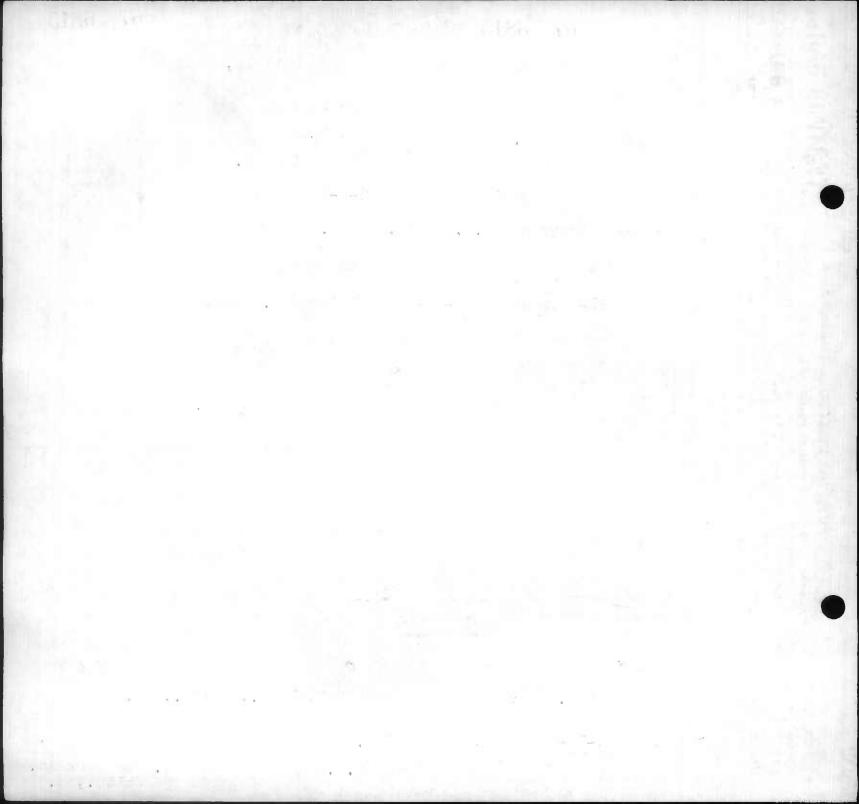
written approval must be obtained before the remains are embalmed or final disposition is made.

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prior to death.

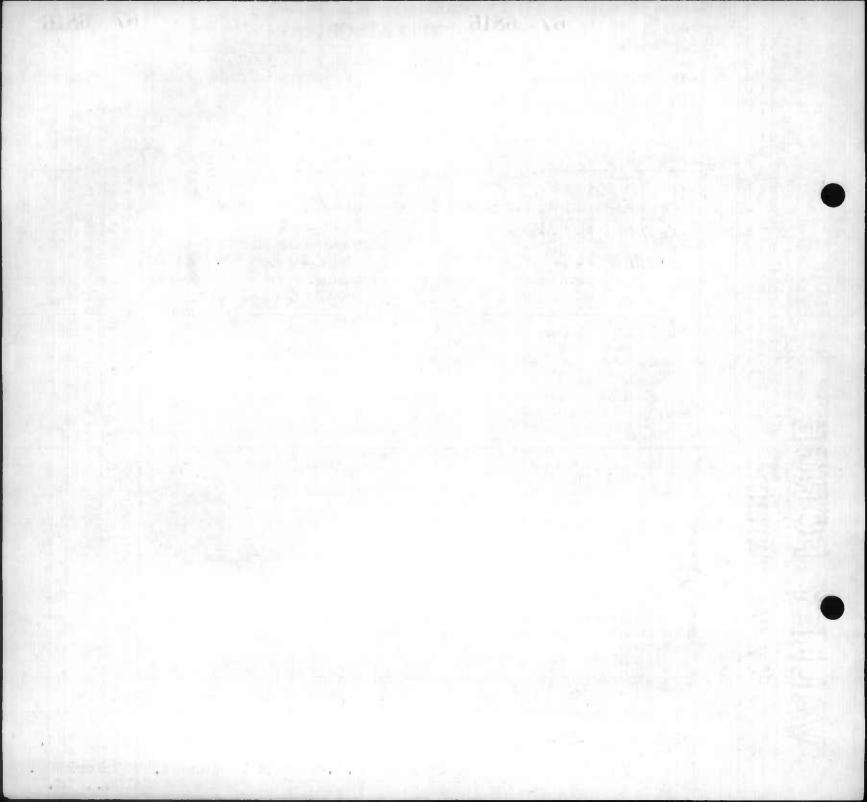
of death a hospital and

				BALTIMORE CITY	HEALTH DEPARTMENT		CD 0045	
	H NO.	67	6813	CERTIFICA	TE OF DEATH	Registered No.	67 6815	
1. N./ (Type	AME OF DECE e or Print)	Isadore		is Gagnon	July	15, 1967	5:15 P. A	
3. PI	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission	
H	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION		Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
		5304 Leith	Rd.		Baltimore D. STREET ADDRESS (IF	rural, give lacation)	27-09	
(10				5304 Leith 1	Rd.		
5. St	ex M	6. RACE		NEVER MARRIED D. DIVORCED (specify) 3		9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.	
done	during most of w	PATION (Give kind of world vorking life, even if retired) or-Enginee:		J.S. Gov!t.	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY? USA	
	ATHERS NAM				14. MOTHER'S MAIDEN NA	ME		
A	medee	Gagnon			Ann Harris			
		Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
	es	WW 11- Ko:		015-09-368	Winifred H.	Gagnon	Above	
- 1	18. 100	0		CAUSE O			INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY				1	7 ,	ONSET AND DEATH	
OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heard foilure, osthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) Curun one of the country of the disease, and th								
	heort foilure,	osthenio, etc. It meons	the diseose,	DUE TO S	works	^		
		plicotion which coused INTECEDENT CAUSES		(B) d	ener 4/ x	anceg 9		
				DUE TO				
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost.							
TION	TO THE DE	FICANT CONDITIONS C	ATED TO THE	3 E				
CERTIFICATIO	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?		
	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF	218. hom etc.)	e, form, loctory, street, o	n or about 21C. WHERE DID	(If in Boltimore	City, give exact location)	
IMI I	21D. TME	(Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
<	OF INJURY (APPROX.)		Whi	le At Not While	e	-	and the second second	
	22 Lonetify	that (1) (this basnild)			220 121	1067 10	cls 15 14 1967	
	that (1) (we) last sow the deceased alive on 1997 and that in (my) (see) opinion death accurred an the date and hour and from the causes stated abave. (1) (did) (did not) view the bady after death.							
-	3A. SIGNATU		ied abave. Ti	/ (did) (are not) V	new the bady after death.	(1	238, DATE SIGNED	
	(MARILIN	here la	M.D. AH	ending Med.	Stoff	7-17-67	
2	3C. PHYSICIAL	TV THULL	yer.	Phy	s. Director	Phy s.	111-61	
	NAME (Ty	60	Byerly	M.D.	5820 York Rd	., Balto.	Md.	
24A.		AATION, 248. DATE		ME of CEMETERY OF CRI			ty, town, or county) (State)	
	REMOVAL (S	pecily)					Md.	
	Burial DATE REC'D	7-19-6 BY HEALTH DEPT.	258. NAME O	tional (Bal	25C. FUNERAL DIRECTOR	ltimore	ADDRESS	
		1111 17 1967	DO 6	5 E. Farbura			.4905 York Rd.	
VS 1	50-REV. 1/1/6	5		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Balto.,Md.	



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	ospital and	b) Decedsed		BI 1. (T
	curred in a h ributing caus	Jular attenda	nade.	13 15.
	th oc	n reg	on is r	10 do
	f dea	was i	position	13
RTANT	ssistant the dire	y kind; (4)	final dis	1.5 (Y
IMPO	Also, if	onounced	Ilmed or	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	snows: (1) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Underformined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the University of April 1980 of	written approval must be obtained before the remains are embalmed or final disposition is made.	NC
FUNERA	the chief merel by a mee	here the phy	before the re	AAEDIO IN CERTIFICATION
•	approved by o the hospi	(except w	e obtained	AABDIO
	e must be c	accident of t a hospital	oval must b	
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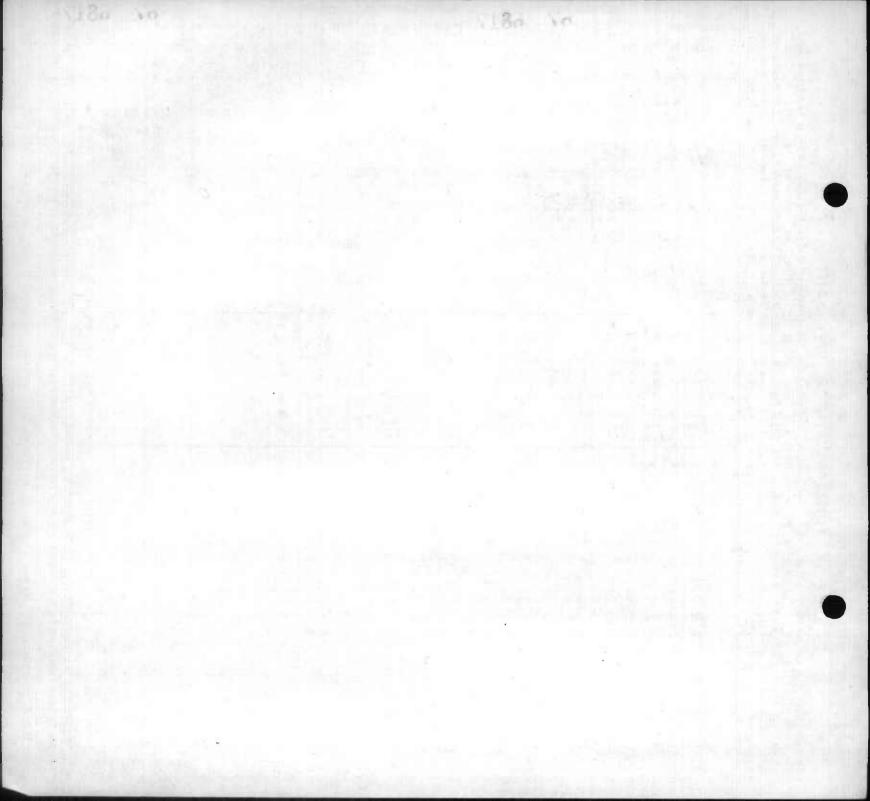
OP O	BALTIMORE CITY	HEALTH DEPARTMENT		CPY O	010
BIRTH NO. M.E. CASE NO.	816 CERTIFICA	TE OF DEATH	Registered Na	67 68	316
	L. Van ASDLE	N 7/1	15/67 at	2 74	м
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddross or location) INSTITUTION	ion, givo street	0	ero deceased lived. If inst		
MARYLAND GENERAL	HOSPITAL	D. STREET ADDRESS (III	rural, give location) 7 Ha STREE	7 - A	1218
AAN C (1) WIDO	NED, NEVER MARRIED WED, DIVORCED (specify) MARRIED	8. DATE OF BIOTH	9. AGE (In years lost birthdox)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
IDA. USUAL OCCUPATION (Give kind of work 108, KINE done during most of working life, even if retired) RETIRE D-MACHINIST		11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTS	4
HARPER VOA ASD	LEN	14. MOTHER'S MAIDEN NA LAU RAH	WHEEL	ER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or dates of sorvi	ce) 16. SOCIAL SECURITY NO. 2/2-01-409	17. INFORMANT	an Asolen	ADDRESS SQ 432 - 44	me
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Shoels	c	INTERVAL B ONSET AND	BETWEEN D DEATH
(This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the dise injury or complication which coused deoth.) ANTECEDENT CAUSES	ose,	Myocan	dial info	action!	30 mg
DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION tost.		Asevi		2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING Co	ngstur Le	eart fail	ene	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	NO	IN CERTIFYING CAU	NDINGS CONSIDERE SES OF DEATH?	D
OR CONTRIBUTING CAUSE OF DEATH (notify modical examinar)	218 PLACE OF INJURY(e.g., in home, form, foctory, street, of etc.)		(If in Boltimore	City, give exoct loco	tion1
21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21F. HOW DID INJ	JURY OCCUR?	,	
22. I certify that (W (this hospital) attendithat (I) (ye) last saw the deceased alive	an 7/15	19 6 7 and th	19 <u>6 7</u> ta nat In(my) (<i>ya</i> n) apini	ian death accurred	19.6 7
and haur and from the causes stated abov	id	anding Med.	Stoff Phys.	23B. DATE SIGNED	5/67
23C. PHYSICIAN'S NAME (Type) ELEGAL SPAN	TURIDIT M.D.	Ad GET	VERAC HO	opitac.	1
24A. BURIAL CREMATION, 24B. DATE 241 Burial 7-18-67 25A. DATE REC'D BY HEALTH DEPT. 1258. NA/	Parkwood Me of Registrar		arkville	, town, or countyl	(Stotel
JUL 17 1967 (VS 150-REV. 1/1/65	Jub E, Farburns	H.W. Jenkins			k Rd.



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CM COAM BALTIMORE	E CITY HEALTH DEPARTMENT 67 6817
BIRTH NO. 67 6817 CERTIFI	ICATE OF DEATH Registered No.
M.E. CASE NO.	
TOHA	2. DATE AND HOUR OF DEATH 1/11/67, 9, 35
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDERGE (Where deceased lived, Il institution: residence before admission) A, STATE L. COUNTY
FULL NAME OF (If not in hospital or institution, give street address or lacation)	C. CITY OR TOWN _Ilf outside city limits, write RURAL and give township)
119 Maryland Hener	D. STREET ADDRESS (If rurol, give lacation)
40 46 4	1407. Montpelier St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (special control of the control of th	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDI	
done during most of working life, even if retired)	NC WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Rostella WATSON ADDRESS
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 13.38-16-0*	
18. 5 9 2 X I	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)	CHRONIC REMAL
(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. II meons the disease, injury or complication which caused deoth.)	D158 A52 -
ANTECEDENT CAUSES (B) DUE TO	PULMOZIARY EDSMA.
DISEASES OR CONDITIONS, if any, giving	
rise to the obove couse (A) stating the (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	mi H
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	(le.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) reet, affice bldg., INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?
(APPROX.)	Work 4
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an	19 (a 11 19 19 19 19 19 19 19 19 19 19 19 19
and hour and from the causes stated above. (1) (We) (did) (did	
23A. FIGNATURE POLICE M.D.	23B. DATE SIGNED
23 CAPHYSICIAN'S	Phys. Director Phy 2
MICIO IT COT THE	M.D. MGH-
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BEMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF AEGISTAAR 1967	250 FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	Usungton D. Shellige 1727 11. Mound
TJ 130-NET, 1/1/03	



	CM C	040 BALTIMORE CITY	HEALTH DEPARTMENT		0040
1	BIRTH NO. M.E. CASE NO.	818 CERTIFICA	TE OF DEATH	Registered No	6/ 6818
	1. NAME OF DECEASED (Type or Print)	rney Lin	dears 2. DATE AN	13/196	7 9:300
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence before admission)
	FULL NAME OF (If not in hospital or institute oddress or location)	11	C. CITY OR TOWN (1) Out	cand side city limits, write R	URAL ond give (wnship)
	2,124 mt. Kan	jal Jerr.	D. STREET ADDRESS (III	urol, give locotion	14-02
	5. SEX 6. RAGE 7. MAR	RIED, NEVER MARRIED	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
1	Male Calarel WID	WED, DIVORCED (specify)	6/4/1876	ost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	tion. USUAL OCCUPATION (Give kind of work 10 B, KIN done during) nost of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. WRTHPLACE (State or loreing	gn country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	unisiec	14. MOTHER'S MAIDEN NAM	AE	
	15, Wos Decogod Ever in U. S. Armed Forces?	12ay	17. INFORMANT	nown	ADDRESS
	(Yes, no or unfurthern) (II yes, give wor or dotes of serv	SEQURITY NO.	CA Edna	Matthe	us mt fulls
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	7.7000	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) Arte	riosclerotic ascular Disea	Cardio	one year
1	heart failure, asthenia, etc. It means the disc injury at camplication which caused death.)	oase,	ascular Disea	se	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B) DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	சீன்க் மா 60 செல் இள்ள வகாகக்கடிய எதது ஒரு கூக எய ஒரு	
	rise to the above cause (A) stating UNDERLYING CONDITION last.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	JTING THE			
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, olf etc.)	or obout 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED While At Not While	21 F. HOW DID INJU	JRY OCCUR?	
	(APPROX)	Work At Work	2/04		5/22 65
	22. I certify that (I) (this hospital) attend			9 66 10	7/13 1967
	that (I) (we) last saw the deceased alive	an	1967 and the	it in (my) (our) apin	ian death accurred on the date
	and hour and fram the causes stated above	re. (I) (We) (did) (did not) vi	ew the bady after death.		
	234 SIGNATORE	1 .			238, DATE SIGNED
	Meth W. Wall	M.D. Atter	nding Med.	Stoff Phys.	7/14/67
	23C. PATSICIANS		3D. ADDRESS	,	1, == 1, = 1
	Ralph W. Reckling	M.D.	1401 A Edmo	ndson Ave	ทนe
	24A. BURIAL CREMATION, 24B. DATE 24	C. HAMI OF CEMETERY OF CRE			y, town, or county) (Stoje)
	BEMOVAL (Specily) 7 17 67	Whaten Mi	Tom Th B	noting.	of my
	much 111	ME OF REGISTRAR	25C-FUNERAL DIRECTOR	my rija	ADDRESS
	JUL 18 1967 R.O	in & Salan MA	Villingto.	S. Thel	lefo 17271 Mana
1	VS 150-REV. 1/1/65		4 9 200	1	31

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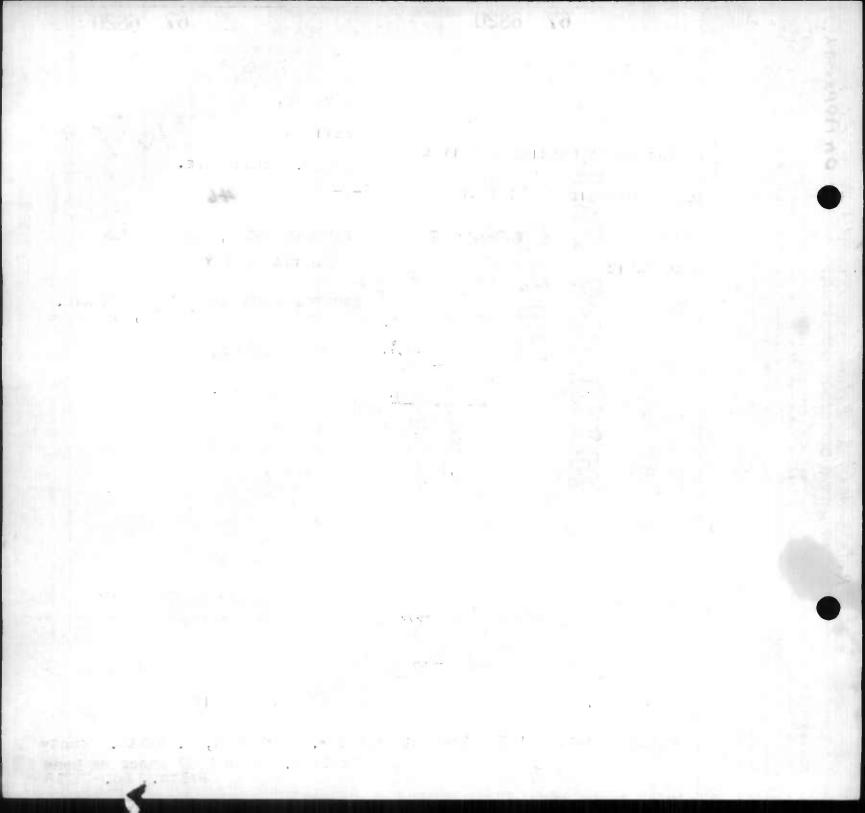
approved

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH the Deceased of death M.E. CASE NO. 2. DATE AND HONER OF CEATH 1. NAME OF DECEASED (Type or Print) LO a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission) attendance A. STATE etermined cause; (5) cause (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) 0 prior contributing rurol, give location disposition is made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. deceased WIDOWED, DIVORCED (specify) lost birthdoy Hours 3 O CCUPATION (Gir kind of work 108, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF foreign country) = WHAT COUNTRY? done during most of working life, even if retired) 0 (4) Und Was the 13. FATHER'S N 14. MOTHER LO death 15. Was Occeased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT or final SECURITY NO. attendance any pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH CONDITION DIRECTLY embalmed fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular examiner. injury or camplication which caused death.) who ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving = rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. burns; Was medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (6) No physician Body S 198. CONDITION FOR WHICH 20 A. AUTOPSY? Yes or Nol 208. IF YES, WERE FINDINGS CONSIDERED the 0 SQUERE! CERTIFI IN CERTIFYING CAUSES OF CEATH? Plension before 3 21 A. ACCIDENT WAS UNDERLYING AB. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the hospital MEDICAL DEATH (notily medical examiner any nature; obtained 210. TIME (Month) (Doyl (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) and Work At Work 22. I certify that (1) (this hospital) ottended the deceased from 0 pe that (1) (we) lost sow the deceased alive on and that in (my) (aur) opinion deoth occurred on the dote of death) hospital and haur and from the couses stated abave. (1) (We() (did))(did not) view the body ofter death. must accident 23A. SIGNATURE 238. DATE SIGNED Attending M.D. Med. Stoll 10 Phys. Director approval Phy s. 0 23 C. PHYSICIAN'S NAME (Type 23 O. ADDRESS prior at Was An D.O.A. BURIAL CREMATION, 248. DATE eceased 2AC. NAME of CEMETERY OF CREMATORY (Stote) the body REMOVAL (Specily written shows: Was 25A. DATE REC'D BY 25C. FUNERAL DIRECTO ADDRES ठ VS 150-REV. 1/1/65

in Johnsoloph in steepilal 2142. W. south these 1/10/35 324E Male Nogo Manuel NORth CAROLINA USA LAboren OSWELL PITTEMAN SARAh Chapman Mostler Fairment H Cardine Horsely Rup Haces ScoreE My peekonsing Scuepe Reput Willust B. Int Nephertony 7/7/67 Succe hypoletions James B. B. Bayton SHOWS B. BARGHEL

Released by Dr. Polomino from M.E.'s Off AppRount. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. M.E. CASE NO.	67	682		TE OF DEATH	Registered No.	7. 6820
Type or Print)	elbert Cr	osby		7//	and Hour of Death	3: 4/PM
FULL NAME OF HOSPITAL OR	OF (II not in haspital address at location	ar institution, g	give street	MARYLAND,	ΥΤΝΙ	nstitution: residence before admission)
33тн	JOHNS HOP	KINS H	OSPITAL		If rurol, give locotion)	0
5. SEX	6. RACE NEGROID		NEVER MARRIED DIVORCED (specily)	8. DATE OF BIRTH 2-7-21	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	working life, even if retired)		BUSINESS OR INDUSTRY	SPARROWS F		12. CITIZEN OF WHAT COUNTRY?
JOHN				14. MOTHERS MAIDEN N	AME	
	d Ever in U. S. Armed For n) (If yes, give wor or dote		16. SOCIAL SECURITY NO.	17. INFORMANT ARNETTA C	WALKER 307	LENNOX AVE.
(This does heart failure injury or co	LEADING TO DEATH nal mean the mode of , asthenia, etc. II means mplication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)	APPR.	ronic Alcohomis, RIO Tumor		SON , INTERVAL BETWEEN ONSET AND DEATH
NOTHER SIGN TO THE DISEASE OF	OR CONDITIONS, if no obove couse (A) G CONDITION lost. II IIIFICANT CONDITIONS C DEATH BUT NOT RELA CONDITION CAUSING	Slating the	STIFICATI	lenic Alkal	losis, Anom	
SRT ST	F OPERATION 198. CON WAS PER	FORMED		20 A. AUTOPSY? IYes or	IN CERTIFYING CA	
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medicol exominer	21 B. hom etc.	e, form, factory, street, a	n or obout 21 C WHERE DID ffice bldg., INJURY OCCUR?	(II in Boltimoi	re City, give exect locotion)
OF INJURY (APPROX.)	(Manth) IDoy) (Year)		INJURY OCCURRED ile AI	21 F. HOW DID II	NJURY OCCUR?	
that B (we	y that 僚(this hospita) lost saw the decease	ed alive on	7/16			Inion death occurred on the date
23A, SIGNAT	ure maya-	Xai	M.D. Atte	med. S. Director JOHNS HOPKII	Stall Phys.	23B. DATE SIGNED / 7/18/67
BUF	EMATION, 248. DATE (Specily) LAT. July D BY HEALTH DEPT.	19 67	Pleasant H	est Cem.	Towson Md.	Balto County
VS 150-REV. 1/1	JUL 18 1967		E. Farbura	25C. FUNERAL DIRECT	Gwynn 2707	Ruscombe Lane



FUNERAL DIRECTOR: IMPORTANT	1
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	-
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	-
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such].
written approval must be obtained before the remains are embalmed or final disposition is made.	

67 COO4 BALTIMORE CITY HEALTH DEPARTMENT 67 COO4							
BIRTH NO. 67 6821 CERTIFICATE OF DEATH Registered No. 67 6821							
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
JONES OIIS L.	1-13-196/ 8. P.M.						
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY						
FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR address or location)	C. CITY OR TOWN (If outside city limit) write RURAL and give township)						
INSTITUTION	Ballimore, Maryland						
Lutheran Hospital of Maryland	D. STREET ADDRESS (If rural, give location)						
5. SEX G. RACE T. MARRIED. NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years I If Under 1 Yr. If Under 24 Hrs.						
M WIDOWED, DIVORCED (specily)	June 1. 1902 G5 Manths Days Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST done during most of working life, even if retired)	(RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Retired	Baltimore, Maryland U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Joseph Jones	Jessie Garrett						
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
No 216-07-3468	Mrs. Carrie Jones, 2515 Harlem Ave,						
DISEASE ON COMPLETON DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Congestive Heart Failure 5 weeks						
(This does not meen the made of dying, e.g., DUE TO heart lailure, asthenia, etc. It meens the disease,							
injury ar camplication which coused death.)							
ANTECEDENT CAUSES (B) DUE TO							
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the (C)							
UNDERLYING CONDITION last.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.	g., in ar about 21 C. WHERE DID (II in Saltimare City, give exact lacotion)						
OR CONTRIBUTING CAUSE OF hame, form, factory, street,	alfice bldg., INJURY OCCUR?						
Q 21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) While At Wark At Wo							
22. I certify that (I) (this hospital) attended the deceased from	7-9- 1967 10 7-13- 1967.						
that (I) (we) last sow the deceosed olive on	196_1ond that in(my) (our) apinlan death occurred an the date						
and hour and from the causes stoted obove. (1) (We) (did) (did_not) view the bady after death.						
23A. SIGNATURE	Attending Med. Stoff A						
organien a com	Phys. Director Phys. Phys. 2						
PAME (Type)	23D. ADDRESS						
NGUYEN THE OANH M. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	Full herem Hospital of the agents						
REMOVAL (Specily)							
Burial 7-17-67 Arbutus Memor	rial Park Baltimore, Maryland 25C. FUNERAL DIRECTOR ADDRESS						
JUL 18 1967 Reb E Faller							
VS 150-REV. 1/1/65							

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Justine H. Bare PAN Jackbonn Long

BIRTH	NO. 67	6822		Y HEALTH DEPARTMENT ATE OF DEATH Registered No. 67 6822				
1.NAA (Type	ME OF DECEASED Walt	er M. S.	Ryan	&	AND HOUR OF DEATH		M	
FUL	FULL NAME OF (If not in hospital or institution, give street address or location) 18717 GILRAY 18717 GILRAY 1881			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the sta				
5. SEX	6. RACE Colored	7. MARRIED, NE WIDOWED, E Single	VER MARRIED DIVORCED (specify)	4/25/25	If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.		
	SUAL OCCUPATION (Give kind of wor uring most of working life, even if retired) Instructor	New Castle,		12. CITIZEN O				
13. FA				Jeanette Bungy				
15. Wa (Yes, no	s Deceased Ever in U. S. Armed Fa a grunknown) (If yes, give war ar date	rces? es of service)	SECURITY NO.	- INFORMANT		ADD	RESS	

221-14-6186	Rebecca Rudd, 15 Holcomb	La. New castle, Del
CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A)	Pneumonia.	May 1966
	Canan of Bactum	July 1967
(B)DUE TO	ownest of usedim	anta Tabl
9		
	GAUSE OF (A) DUE TO (B)	CAUSE OF DEATH Pneumonia GA, Cancer of Rectum OUE TO DUE TO

ATION	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE	1 10			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CAL CI	2TA ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in or hame, farm, factory, street, office etc.)		()f in Baltimore Ci	ty, give exact location)	
MEDI	21D. TIME (Manth) (Day) (Year) (Hour (APPROX.)	21E. INJURY OCCURRED While At Not While At Work Not Work Not While At Work		URY OCCUR?		
	22. I certify that (I) (the Council atterthat (I) (we) last saw the deceased aliverand haur and from the causes stated ob-	o an July 15,	19. 67 and the	t in (my) (and) apinia	15, 19 67 In death accurred an the do	
	23A. SIGNATURE Delon Dah	M.D. Attendi	ng Med.		8. DATE SIGNED 7/15/67	
	23C. PHYSICIAN'S	23 🛭	. ADDRESS			

M.D.

7/18/67 Mt. Salem
DEPT. 25B. NAME OF REGISTRAR
R 1967 P. B. S. January

24C. NAME of CEMETERY OF CREMATORY

Jerome Gaber

BURIAL CREMATION, 248, DATE REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

Burlal

VS 150-REV. 1/1/65

New Castle, Deleware

(City, town, or county)

ADDRESS

(Stote)

Edward Bell, Wilmington, Deleware

5706 Bellena Ave.

24D. LOCATION

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:: IMPORTANT	cate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	or a nospital (except where the physician who pronounced death was in regular attendance on the prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	Salmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	cate must be approved by the chief medical examine	An accident of any nature; (2) Body burns; (3) A fract	or a nospital (except where the physician who provide to death); and (6) No physician was in regula	proved must be obtained before the remains are embalmed or final disposition is made

VS 150-REV. 1/1/65

(Type or Print)	ECEASED		2. DATE AND HO	UR OF DEATH
F	Joseph Hi		July 12	. 1967
3. PLACE OF	DEATH IN BALTIMORE, M	ARYLAND	4. USUAL RESIDENCE (Where deci	osed lived. If institution; residence before a
FULL NAMI	OF (If not in hospite	of or institution, give street	Maryland	
HOSPITAL C		ion)	C. CITY OR TOWN (If outside c	ity limits, write RURAL and give township)
20			Baltimore	14-0
39	Provident	Hospital	2033 De	ive locotion)
5. SEX-	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF SIRTH 9. AG	E (In years If Under 1 Yr If Under
Female	Colored	WIDOWED, DIVORCED (specify)	lost bi	Months Doys Hours
10A, USUAL O	CUPATION (Give kind of we	Married ork 108, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Stote or foreign cou	entry) 12. CITIZEN OF
	ol working lile, even if retired		200	WHAT COUNTRY?
Self 13. FATHERS N	AME AME	Races	Baltimore Maryl	and U.S.A.
			Bessie Adams	
	ert Hill sed Ever in U. S. Armod F	orces? 16. SOCIAL	17. INFORMANT	- · · ADDRESS
(Yos, no or unkno	wn) (II yes, give wor or do	otes of service) SECURITY NO.		
No		218-14-8521	Ruth Hill, 2033 Dr	
18. / 5	5 , /		OF DEATH	INTERVAL BETWONSET AND DE
DISI	LEADING TO DEATH		rinoma of ac	1161. 10
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	amplication which cause		to alli	
p = 1	ANTECEDENT CAUSE	S (B) W	IN METRITASLI	***************************************
DISEASES	OR CONDITIONS, if	any, giving		
rise to	the above cause (A NG CONDITION last.) slaling the (C))
rise ta		, stating the (C)		
rise to UNDERLY	NG CONDITION (ast.	CONTRIBUTING	1 6 4	4 D: - 3
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NO OTHER SIGN TO THE DISEASE	NG CONDITION last. II SNIFICANT CONDITIONS DEATH BUT NOT RE DR CONDITION CAUSING OF OPERATION 198. CO WAS PE	CONTRIBUTING LATED TO THE CONTRIBUTION FOR WHICH OPERATION FROMED	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
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Latting Householders

Served Colored Server

P.S. L. Prevland P.S. L. Tel Director

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	00 00	BALTIMORE CITY	HEALTH DEPARTMENT		012	2004
ш	BIRTH NO. 67. 68	CERTIFICA	TE OF DEATH	Registered Na	67	0824
	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) John Middlecon	ff.		nd Hour of DEATH	1120	20 P .
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Who	ere deceased lived. If ins	titution: residence	e before odmission
	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or lacotion)	Maryland	stside city limits, write R	URAL ond give t	Of Conship)	
	Saint Agnes Hospi	Baltimore	Rosemont	-5	3-00	
	40 Caton & Wilkens A		rural, give location)			
		21229 IED, NEVER MARRIED	8. DATE OF BIRTH	(XXXXXXX. 2816) 9. AGE (In years	LOUISIA	INA AVENUE
	Male White WIDO Ma:	wed, DIVORCED (specify) rried	7/27/97	lost birthdoy / 69	Months Days	Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if retired) Retired	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		12. CITIZEN OF WHAT CO	UNTRY?
ŀ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		0	.S.A.
	William Middleco	ff	Eliza	abeth Helwig		
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Uf yes, gi 2/26/18-9/5-46 WWI US Naval Reserve	16. SOCIAL SECURITY NO. 214-03-4384	Mrs. Rose Midd	lecoff , 2816	ADDR Louisia	
ŀ	18. 44 2 2 / 1 Force	CAUSE O	F DEATH	4		AL BETWEEN
l	DISEASE OR CONDITION DIRECTLY	no pating	1 t	ONSET	AND DEATH	
	LEADING TO DEATH (This does not mean the mode of dying, a	myeshive	Many	und	lly in her	
	heart failure, asthenio, etc. It means the disea	ofarlun	9			
	ANTECEDENT CAUSES	injury ar camplication which coused death.) ANTECEDENT CALISES (B)			0	a. mitte
١	DISEASES OR CONDITIONS, if any, give	2 di 2000 100	ala odah	PART	with the s	
		rise to the above couse (A) stoting the (C)			2011	~~~~~
	11					
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE				
	WAS PERFORMED	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			INDINGS CONS	DERED
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer) 21D. TIME (Month) (Day) (Year) (Haur) OF INJURY	21B. PLACE OF INJURY (e.g., in home, larm, factory, street, of etc.)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II in Baltimare	City, give exact	location)
	OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
	(APPROX.)	While At Not While Work At Work			2 10	17
١	22. I certify that (I) (this haspital) attende	od the deceased fram	many	19 6 10 M	un 12	190 (
	that (1) five) dast, sofy the deceased almost	(1) (We) (did) (did nat) v	1946 and the	hat in(my) (aur) apin	nian death acc	urred an the dat
	23A S GNATURE		minding Med.	Stolf Phys.	23 B. DATE SIGN	14, 1967
	23C. PHYSICIANS HENRY AR		1934 Wilku	is Are for	th 123,	mal

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1967 2

7-18-67

Howard Coutny, Maryland Meadowridge Mem. Park Cem. POWARD Howard H. Hubbard , 4107 Wilkens Ave. 21229

(City, town, or county)

24D. LOCATION

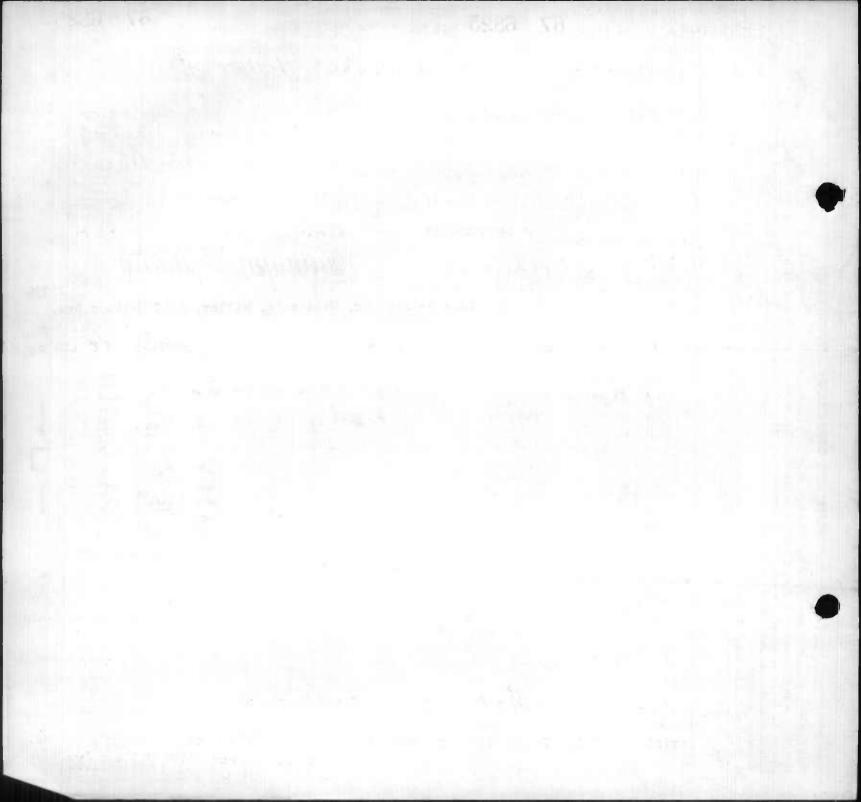
VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specily)

Burial

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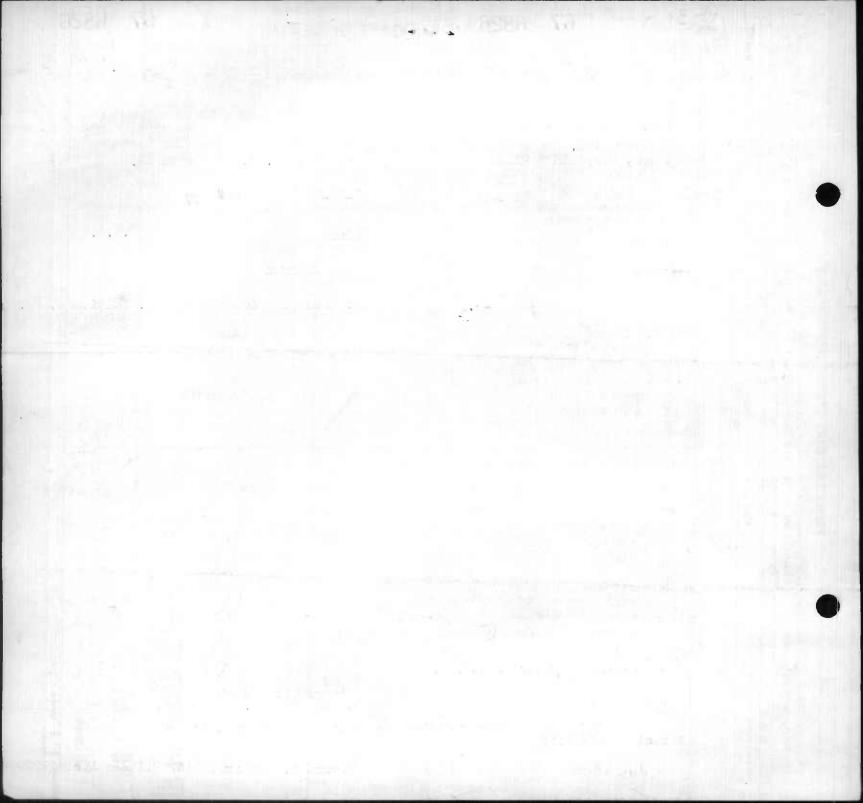
		BALTIMORE CITY	HEALTH DEPARTMENT		CH	0005
BIRT	H NO. 67, 6	825 CERTIFICA	TE OF DEATH	Registered Na	67	0020
	CASE NO.			D HOUR OF DEATH		
	B: 4	TRS Mai	JV E 7/17	167 19	nı	
3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	1123 111 111	4. USUAL RESIDENCE (Where	deceased lived. If ins	titution: residence	M. ce before odmission)
			A. STATE B. COUNT	TY		
	ULL NAME OF (If not in hospital or institution oddress or location)	on, give street	MD.			25111
	NSTITUTION	. 1	/)	side city limits, write R		
	BON SEROURS	HOSA	D. STREET ADDRESS (III II	mure location)	0112	39
	3 4		3412 W		AUG	
5. S	EX 6. RACE 7. MARR	IED, NEVER MARRIED		AGE (In years	If Under 1 Yr. Months: Doys	. If Under 24 Hrs.
	F WHITE WIDO	MARRIED (specify)	6/18/14	ost birthdoyl 53	Months Doys	Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KENE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN C	OF DUNTRY?
00111		airdresser	BALTO	Mr		SA
13.	ATHERS NAME		14. MOTHER'S MAIDEN NAM	Mollie S		
	AUGUST M SPEAL	MAN	DIGHTATE	140111111111		
15. Yes	Nos Deceased Ever in U. S. Armed Forces? ,no ar unknown) (If yes, give war ar dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT)	ADD	21229
	No	216-14-4560	Mr. William S.	Miller, 341	2 Wilker	
	18. 14 X I	CAUSE O	F DEATH		INTER	VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	NA TO		L		T AND DEATH
	LEADING TO DEATH	(A) Me	tastatic Malig	necy, rect	2 com	& uno.
	(This does not mean the made at dying, heart failure, osthenia, etc. It means the dise	e.g., DUE TO		0		
	injury or complication which caused death.)	M	was lind di	- 4 (
	ANTECEDENT CAUSES	(B)	Joenemal use	ase e n-V		
	DISEASES OR CONDITIONS, if any, given	ring	yocardial dise.		-	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)				
	The state of the s					
z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			- 1	
ICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE F	INDINGS CON	SIDERED
ERTIFIC	WAS PERFORMED		nen	IN CERTIFYING CAL	ISES OF DEATH	1?
CE	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exoc	ct location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	thice bidg., INJURY OCCUR?			
EDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED -	21F. HOW DID INJU	IRY OCCUR?		
A.E.	OF INJURY	While At Not While		oki occok.		
	(APPROX)	Work At Work				
	22. I certify that (1) (this hospital) attended	ed the deceased fram	7.6.67	9 to 7.1	7 · · · · · · · · · · · · · · · · · · ·	1967
	that (I) (we) last saw the deceased alive	on 71667	19and tha	it in (my) (aur) apir	nian death ac	curred an the date
	and haur and fram the causes stated abov	e. (I) (We) (did) (did nat)	view the bady after death.			
	23A. SIGNATURE		· · · · · · · · · · · · · · · · · · ·		23 B. DATE SIG	NED
	7. 176hamade	M.D. Atte	ending Med.	Stoff Phy s.	7.17	.67
	23 C. PHYSICIAN'S		23D. ADDRESS	ny s.	-	
	NAME (Type)	all H m 17 x. M.D.		9.0		
244	BURIAL CREMATION, 24B. DATE 24	PHHADI	Staff Physici			4.3
247	REMOVAL (Specify)	S. INAME OF CEMETERS OF CR	ENTATURE Z4D. LC	CATION (CA	y, town, or cour	
	Burial 7/20/67	Baltimore Natio	onal B	altimore		Md.
25A	DATE REC'D BY HEALTH DEPT. 258. NA	AE OF REGISTRAR	25C. FUNERAL DIRECTOR Howard H. Hu	bbard 4107	Wilkens	PAVE.
	JUL 18 1967 (P.C.	of E. Savlay MA	The	Hard		21229
VS	50-REV. 1/1/65					



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	E CASE NO. NAME OF DEC	2 0	+ \	D	2.	DATE AND HOUR OF D	10 45
3. 6	PLACE OF DE	ATH IN BALTIMOR		PATTERSON	I 4 USUAL RESIDE	7-13 - 67	ed. If institution: residence before od
3	TEACL OF DE	ATT IN DALIMOR	- Minkienite		A. STATE	8. COUNTY	11
!	FULL NAME C		spital or institution	n, give street	Marylan	ıd	Horde
1	HOSPITAL OR	oddress or					write RURAL and give township)
		re City Ho			Darling D. STREET ADDRE		21034 025 6
		stern Ave.					
-		re, Maryla				Rt. 2, Castl	
5. 5		6. RACE		ED, NEVER MARRIED WED, DIVORCED (specily)	8. DATE OF BIRTH	lost birthday)	Months Doys Hours
T -	male	White	Wide		11-12-89	米非常教长 7	7
		UPATION (Give kind working life, even if re		OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (S	tote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
don	ie during most of	working me, even it is	emed,		Maine		U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAME	0.012
	Unkno					nown	
15. (Ye:	Was Deceases s, no or unknow	l Ever in U. S. Arm	or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS # 21
1					BCH: Recor	ds 4940 Easte	rn Ave. Baltimore
-	18.2/ 0	2/1		CAUSE	OF DEATH		INTERVAL BETWI
	DISEA	SE OR CONDITIO	N DIRECTLY				ONSET AND DE
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		not mean the mo		.g., DUE TO			
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	injury or cor	mplication which c	coused deoth.)	se,	Yram Hee	Senticons	-
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VS 150-REV. 1/1/65



BIRTH NO. 67 6827 CEPTIFIC		67 6034
CERTIFIC	CATE OF DEATH Registered N	67 6827
M.E. CASE NO. 1, NAME OF DECEASED	2, DATE AND HOUR OF DEA	ATH 70
(Type or Print) ROBERT E, HEALY	7/15/67	17 20
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived,	If institution: residence before admission
	A. STATE 8, COUNTY	
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, w	The state of the s
SINGAI HOSPITAL OF BALTIMO.	BAITIMODE	ite RURAL and give township)
3 174111 1703111752 01 WIT-1	D. STREET ADDRESS (If rurol, give location)	11 4 6
1/2		HOTEL ALCAZI
5. SEN 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hr
MIDOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF) BUSINESS OR INDUS	D 3//4//0 3 /	12. CITIZEN OF
dene during most of working life, even if retired)	Ti, bikini ACE (sinte of foleigh country)	WHAT COUNTRY?
ROGAN PRINTING CO. (Nessman)	NEW JERSEY	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	UNKNOWN	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	00	
UNKNOWN UNKNOWN	PATIENT E OF DEATH	INTERVAL BETWEEN
400.01	E OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	T. a Han + 7 1	7 4 Jan
(This does not mean the mode of dying, e.g., DUE TO	ngesuve reass routine	2 days
heort failure, osthenio, etc. It means the disease,		
ANTE CEDENT CAUSES GENEL!	ngestive Heart Failure teriosclerotic Heart De	SIAN 6 MONTHS
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DISEASES OR CONDITIONS, if any, giving		
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SIMPLE WAR ON LOW CONTRACTOR CARD OF THE MILLE CALCASIAN MERCE MINORER 3/18/10 5 9 CARREST STREET, STREET 部にも大口 Witnesseless The Mast Lange P. William 37707 Pounted as took k e A TENNET . I TWO MORE A BOLE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

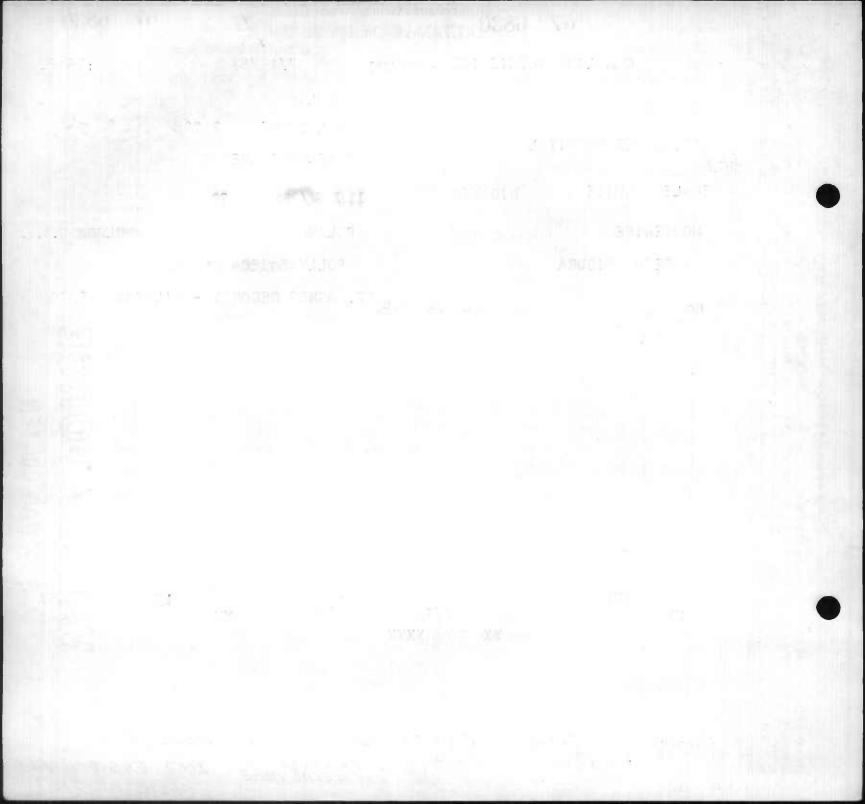
CH C038	CITY HEALTH DEPARTMENT	67 6828
IRTH NO. A.E. CASE NO. CERTIFI	CATE OF DEATH Registered No.	
NAME OF DECEASED	2. DATE AND HOUR OF DEATH	1 145
BERTA ABT	JULY 14, 196	7 4 TO P.
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admiss
FULL NAME OF (If not in hospital or institution, give street	MARYLAND	
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write	RURAL and give townships
INSTITUTION	BALTIMERE	27-1
5606 KEY AUE	D. STREET ADDRESS (If rurol, give location)	V / /
	5606 KEY AVE	
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Months Doys Hours Mi
TEMPLE WhITE WIDOWED, DIVORCED (specif		Months Doys Hours Mi
TEMGLE WHITE WIGO	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
one during most of working life, even if retired)		WHAT COUNTRY?
NONE	GERMANY	UISIA.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-
MEIR	AULINE	
. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	72	C
	MICHARD MEIER -	SAME
18. 3.3 9. XI	SE OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Cerebral and	2 600
LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TI	20011 Leagues	~
heart failure, asthenia, etc. It means the disease,		/ 14
injury ar camplication which coused death.)	Cerebral emblus	Es 4 years
ANTECEDENT CAUSES (B) DUE TO	On Cons	
DISEASES OR CONDITIONS, if ony, giving	Jueral arteriorderon	
rise to the above cause (A) stoting the (C) / UNDERLYING CONDITION last.		***************************************
	11:0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 poor	ces
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CACHIONE DISEASE OR CONDITION CAUSING IT.	decompensation. After	カ
	20A. AUTOPSY? (Yesor No) 20B. IF YES, WERE	FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING C	AUSES OF DEATH?
D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	(e.g., in or obout 21 C. WHERE DID (If in Boltimo	ore City, give exact location)
DEATH (notify medical examiner) etc.)	eet, office bldg., INJURY OCCUR?	
2 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRES	21F. HOW DID INJURY OCEUR?	
OF INJURY	While	
(APPROX.) Work At	Work	1 / 1/5
22. I certify that (1) (this haspital) attended the deceased fram	got 13 gears 19 to be	re death 19
that (1) (we) last saw the deceased alive an.	19 6 7 and that in (my) (aur) ap	olnian death accurred an the
and haur and from the causes stated obave. (1) (We) (did) (did r	nat) view the bady after death.	
23A. SIGNATURE		238. DATE SIGNED
M.D.	Attending Med. Stoff Phys.	7//5/6/
23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS	1.110 101
NAME (Type)	0105 1/201 /	Rolling 19
need near	M.D. 310 00 a carelles 14.	I see an end of a
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	OF CREMATORY . 24D. LOCATION	City, town, or county) (Sto
BURIAL 7/16/1967 KOSEGALE	5940	MD
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL 18 1967 Robert E. Farley H	Comment Charles and Care law	- GARRISON, MO
\$ 150-REV. 1/1/65		'

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

CM COOC BALTIMORE CIT	TY HEALTH DEPARTMENT
BIRTH NO. 67 6829 CERTIFICA	ATE OF DEATH Registered No. 67 6829
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) IDA HYMAN	JULY 14, 1967 1 11 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 8. CDUNTY
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
425INAI HOSP	D. STREET ADDRESS (If turol, give location)
/ 01	5533 GIST AVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specily)	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs. Months: Days Hours Min.
F W WIDOW	1883 84
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	LITA USQ
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N	Part
MAIER FIVEL 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	2
No	MR. PHILIP HYMAN GOOT TARK HEIGHTS!
18. 44 20 , / I	OF DEATH INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	it (ornery M. land)
LEADING TO DEATH	and the following the state of
(This does not meon the mode of dying, e.g., DUE TO healt foilure, osthenio, etc. It meons the disease,	
injuly of complication which coused death.)	ASCIVA VILLES
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, if ony, giving	Lutata A relati
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.	Mary Marries
ONDERENNO CONDITION (US).	
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at No.) 208. IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTING CAUSE OF home low foctory street	, in or about 21 C. WHERE DID (If in Boltimore City, give exact locotion) office bldg., INJURY OCCUR?
of DEATH (notify modical avamina) letc.)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPEN) While At Not Wi	21F. HOW DID INJURY OCCUR?
₩ OF INJURY (APPRDX) While At Not Will A	
WOIK LA AT WOI	3/1/
22. 1 certify that (I) (this hospital) attended the deceased from	4/1/66 19 ta ///4/67 19
that (I) (we) last saw the deceased alive an	19and that in(my) (a or) apinlon deoth accurred an the date
and haur and from the causes stated bave. (1) (We) (did) (did not)	view the bady after death.
23A. SIGNATURE	238. DATE SIGNED
M.D. A	Med. Stolf Phys. 7/14/1967
	23D. ADDRESS
23C. PHYSICIAN'S NAME (Type T ASCALL CALC OR M.E	11-11-11-11
O DOE IN SMEMIC	0/10
REMOVAL (Specily)	CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 7/16/1967 Brown	small Batton Mid
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAB	25C. FUNERAL DIRECTOR ADDRESS
JUL 18 1967 Robert E. tarbaja	Sylven S. Lews & Son the Garren, md
VS 150-REV. 1/1/65	

VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CITY	HEALTH DEPARTMENT	02 0004
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered I	No. 6/ 6831
I. NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH
HARRY F. JE	FFRES	7-17-67	1:45 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution residence before admission)
FULL NAME DF (If not in hospital or institu	tion, give street	MD.	
BON SECOURS HO	SPITAL		rite RURAL and give township)
Bow of Cooks 1/c	311111	BALTIMORE D. STREET ADDRESS (If rurol, give location	20-03
134		304 5. PULASKI	37.
5. SEX 6. RACE 7. MAR	RED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
MALE WHITE M	ARRIED	100 10	
10A, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)		D . A	12. CITIZEN OF WHAT COUNTRY?
	est DELIVERY		U. 3.
13. FATHER'S NAME	,1	14. MOTHER'S MAIDEN NAME	
HARRY T. JEFFR.		ELIZABETH LIT	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	rice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO NONE	215-07-2697	MAS. G. E. DEFFRES 30	4 S. Pulasti St.
18.33/XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			
(This does not meon the mode of dying,	e.g., DUE TO	Terebral Vaxeular Rockden	
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,	Cucian Cuciain	
ANTECEDENT CAUSES	(B)	***************************************	
DISEASES OR CONDITIONS, if ony, g	iving		
underlying condition lost.	The (C)		
N N			
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at No.) 20 B. IF YES. W	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or obout 21C. WHERE DID (If in Bolt	timore City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)	home, form, foctory, street, o	files blag., INJURI OCCUR:	
21D. TIME (Month) (Doy) (Yeos) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While At Work		
22. I certify that (1) (this hospital) attend			7/17 1967.
that (I) (we) lost sow the deceased alive	- /	19 6 7 ond that in (my) (our)	opinion death occurred on the date
and hour and from the causes stated abo			opinion assemble on the date
23A. SIGNATURE	2		23B. DATE SIGNED
That To	M.D. Ath	ending Med. Stoff	7/17
23C. PHYSICIAN'S		23D. ADDRESS	
NAME (Type) KYE YOU!	V /X/14 M.D.		
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	IC. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stote)
BuriaL 7-20-67	Loudan D	apk Baltimore	E Md.
25A, DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	250 FUNERAL DIRECTOR LA HUND	FRAL HO-ADDRESSA
JUL 18 1967 (P.	Pub E Follow MA	Texamist miller 3	101 Frederick are
VS 150-REV. 1/1/65			

304 5 Persons 35 M M. MARRIED POLICIES TS AM STAR STAR LARRY T. JEFFRES ESTRAGEN ELLE the second of th Trigger Telling Committee of the second

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CIT	TY HEALTH DEPARTMENT
M.E. CASE NO. 67 6832 CERTIFICA	ATE OF DEATH Registered No. 67 6832
(Type or Print) RAYMOND GOORGE COOPE	
3. PLACE OF DEATH/IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, it Institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
34 Bay SECOURS HOSPIME	D. STREET ADDRESS (If rurol, give location) 471 Savery Auraul Stresst
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
done during most of working life, even if refised) Retired Carpenter	Maryland 11. SIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
Lester I.Cooper	14. MOTHERS MAIDEN NAME Della King
(Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	77. INFORMANT ADDRESS 2 Mrs. Evelyn Cooper-Baltimore Md.
20-01-10	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(A) CThis does not meon the mode of dying, e.g., DUE TO heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)	infance linguage.
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the (C)UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED (N CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimars City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) White At Work At Work	
22. I certify that (1) (this hospital) attended the deceased from	7-13-1967 to 7-13-1967.
that (I) (we) lost saw the deceased olive on 7-13	19 6 7ond that in(my) (our) opinion death occurred on the date
ond hour and from the couses stated abave. (1) (We) (dld) (did nat)	
Occum of one	thending Med. Stoff Phys. 238. DATE SIGNED
23C. PHYSICIAN'S NAME (Type) Octavio A. Ruiz M.D	
	REMATORY 2BTIOSTANDICK (City, town, or county) (State) REMATORY PROJECT MS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C UNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65	Juste faince / Home - Brunewick . md

Du Suns Missing 427 Som Payer S NIME White MARKED

		HEALTH DEPARTMENT 67 6833
1	BIRTH NO. M.E. CASE NO. 974/87. 6833 CERTIFICA	TE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type of Print) Barrier and Description WILLIS	SMITH 7-16-67 - 12 PM
	3. PLACE OF DEATH IN BALTHAORE MARYLAND 7-20-6	A. USUAL RESIDENCE (Where deceosed lived, If institution; lesidence before admission) A. STATE B. COUNTY
0	TURKINE DET CHANTE PROPRIO ON THE ON TOTAL	14D a.a. Co
	INSTITUTION ST	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
3	+BALTIMOREY PULASKI ST	PASADENA D. STREET ADDRESS (If tutol, give location)
5	BALTIMOR, MD	BOX 105 LAKESHORE DR.
3	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecily)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
-	MALE WHITE WINDOWER	6-9-03 64
	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	SELF EMPLOYER SH Ship Builder	MARYLAND U.SA.
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2	WILLIS SMITH	EXENT Julia A, ROSS
2	15. Was Deceased Ever in U. S. Armed Forces? Yes, no or ynknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS POUTE 10
	No - 218-28-0223	Mr Ross Smith BOX 105 Pasadena M
	18. / 5 3, 3 CAUSE O	F DEATH INTERVAL BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY	
	(This does not meon the mode of dying, e.g.,	essense signaid / Eyears
3	heart failure astheria etc. Il means the disease	
	ANTECEDENT CAUSES IBI SLA	was abd melastares 6 month
0		
3	uise to the obove cause (A) stating the UNDERLYING CONDITION last.	to signered obstruction I month
3	11	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
D	U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
b	94. DATE OF OPERATION WAS PERFORMED Columbia (Columbia)	IN CERTIFYING CAUSES OF DEATH?
2	O' 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	i of Jobout 21C. WHERE DID (If in Boltimore City, give exact location)
2	DEATH Inotity medical examiner)	
5	21D. TIME Month) (Doy) (Yeor) Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	(APPROX.) While At Not While At Work	
2	22. I certify that (I) (this hospital) attended the deceased from	201ch 3 1206 10 July 16 19 67.
	that (I) (we) last sow the deceased alive on July 16	19 6 7 and that In(my) (swe) opinion death occurred on the date
2	and hour and from the causes stated above. (1) (We) (did) (dtd net) v	iew the body after deoth.
	23A. SIGNATURE	23B, DATE SIGNED
5	Adulleran M.D. Atte	nding Med. Stoff Phys. 7-1667
3	23C-PHYSICIAN'S NAME IType)	1129 At Paul St. Baltemary 2 mg
2	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) IStote)
	REMOVAL ISpecify) 1/20/17 PO 1	11 Pitalialta AAR all
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR. ADDRESS
	JUL 18 1967 12 D. F. S. Fr. anna	Mc Cully Taxagal Home 237 1stasses ace
1	VS 150-REV. 1/1/65	1 VIUS

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OP 000	BALTIMORE CITY	HEALTH DEPARTMENT	(27 0004
BIRTH NO. 67, 686	34 CERTIFICA	TE OF DEATH	Registered No.	6834
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	Harry G. Per	2. DATE AN	D HOUR OF DEATH	112 05
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	arry		e deceased lived, If institut	ion: residence before odmission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR address ar location) INSTITUTION	4	Maryland	side city limits, write RURA	L and give township)
Bon Secous Hos	pital	D. STREET ADDRESS (III	oural, give lacation)	1-01
34		10075,	Potamac à	oT.
MAA INT WIDOW	D, NEVER MARRIED ED, DIVORCED (specily) ried		9. AGE (In years ast birthdoy) 5	Under 1 Yr. II Under 24 Hrs.
IDA, USUAL OCCUPATION (Give kind of wark 10B, KIND (dane during most of warking life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or larei	gn country) 12	CITIZEN OF WHAT COUNTRY?
Marine Eng. Key Highway Beti	hlehem Steel Co		CO	U. S. A.
Jose Perez		Bevania	Murgas	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknawn) (If yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	WILE)	OBalto.	Md. Md.
No		Mrs. Christine		
DISEASE OR CONDITION DIRECTLY	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) VEN	ITRICULAR F	18 BRILLATION	1 5 HR
(This does not mean the mode of dying, e.g hearl failure, asthenia, etc. 11 means the diseas- injury or camplication which coused death.)	e, MY00	TAKDIHL ISCH	EMIA	
ANTECEDENT CAUSES	(B) SUBA	LUTE BALTERIAL	ENDOLARDITIS	2 MONTHS
DISEASES OR CONDITIONS, if any, givin	9 (2) (3)	GESTIVE FAILU	26	
UNDERLYING CONDITION last.	(0)			ra da fi a may mar 4 400 da dalaji ila da da da dalaji ila da 6 4 6 11 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIND	INGS CONSIDERED OF DEATH?
OR CONTRIBUTING CAUSE OF	IB. PLACE OF INJURY(e.g., in ome, lorm, foctory, street, al ic.)	ar about 21C. WHERE DID	(Irvin Baltimare Cit	y, give exact facation)
OF INJURY (APPROX) (APPROX)	E INJURY OCCURRED While At Not While		JRY OCCUR?	
22. I certify that (1) (this haspital) attended	Vark At Work		9 5 10	14- 19 67
that (1) ((we) lost sow the deceased alive on	7 11/	1-		death occurred on the date
and hour and from the causes stoted obove.	2			
23A. SIGNATURE			238	L DATE SIGNED
1000 100	M.D. Alte	ending Med. Director	Stoll Phys.	7.14-67-
23C. PHYSICIAN'S NAME (Type) AIDAN E. W	ALSH M.D.	715 N. CH	ARLES	
REMOVAL (Specily)	NAME of CEMETERY of CRE k Lawn Cemetery			e, Maryland
25A. DATE REC'D. BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL 18 1967 Robert	& E. Farbura	John J. Duda,	2829 Hudson S	St. Balto. Md.
VS 150-REV. 1/1/65				

VEHTRILLULAR FIRESTLAMINE - H. RIMBHAR ARTONANIA SUDJECTIC TRETRICING ENGLINGETTS CHINA CORNECTIVE PAILURE

• • • •

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BIRTH NO.	67	0005	TE OF DEATH	Registered No	327-3403
M.E. CASE NO.	32-31-5	Frank Baranos			0. 0000
1. NAME OF DEC	BARANOSK	I FRANK	2. DATE	16/67	1100
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W		institution: residence before od
FULL NAME !	DF (If not in hospital oddress or location	or institution, give street	Maryland (Outside city limits with	e RURAL ond give township)
1 BALT	INCRE CIT	Y HOSPITALS	Baltimore		1-0
4940 Eas	tern Avenue, Ba	altimore, Maryland		(If rurol, give locotion) akewood Ave:	nue 2122
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours
	CUPATION (Give kind of work I working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF WHAT COUNTRY?
- Comment		Bethlehem Steel Co.	Ohio	•	U.S.A.
13. FATHERS NA			14. MOTHER'S MAIDEN N	IAME	
Joh	n Baranoskii		Mary Holewin	ski	
15. Was Decease	d Ever in U. S. Armed For	ces? 16. SOCIAL	17. INFORMANT		ADDRESS
No No	(II yes, give wor or date	215-07-2402	Records: BCH-4	940 Eastern	Avenue 21224
1B. 4	0.01	CAUSE	F DEATH		INTERVAL BETWE
DISEA	SE OR CONDITION DIR	RECTLY	20.12.11	COTICE WA	
(This docs	LEADING TO DEATH	dving (A)	Examplia S.	EFFICEMIN	5 HOAY
heort failure	not mean the mode of , asthenia, etc. It means	the disease			
injury or co	mplication which caused	death.)	EUMONIA		
	ANTECEDENT CAUSES	OUE TO			
DISEASES	OR CONDITIONS, if he obove couse (A)	any, giving stating the	PUTATION LE	FT LEG.	s were no constituted as a real constitute of manager operations as extended as a
rise to the	IG CONDITION fost.				
rise to th					
rise Io II UNDERLYIN	IG CONDITION fost. II RIFICANT CONDITIONS C	CONTRIBUTING			
UNDERLYIN OTHER SIGN TO THE	IG CONDITION fost.	ATED TO THE VICIDATIA	- ARTERO ES		
VINDERLYIN O THE I DISEASE OF	IG CONDITION fost. II VIFICANT CONDITIONS CODEATH BUT NOT RELA R CONDITION CAUSING I	IT. TO THE DEMENT A		No! 20B. IF YES. WER	E FINDINGS CONSIDERED
DIHER SIGN TO THE IDISEASE OF 19A. DATE O	IG CONDITION fost. II WIFICANT CONDITIONS CONDEATH BUT NOT RELATED TO THE PROPERTION 198. CON WAS PER 198. CONDITION 198. CO	ATED TO THE DEMENTIA IT. IDITION FOR WHICH OPERATION FORMED TEROESCLEROSIS		No! 20B. IF YES. WER	E FINDINGS CONSIDERED
DTHER SIGN TO THE I USEASE OF USEASE	IG CONDITION fost. II WIFICANT CONDITIONS COME ATTH BUT NOT RELA RECONDITION CAUSING I FOPERATION 19B. CON WAS PER- ENT WAS UNDERLYING	IDITION FOR WHICH OPERATION FORMED CRO ESCLEROSIS 1218 PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or MO)	No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DITHER SIGN TO THE IDISEASE OF DO TO A DATE OF TO A CONTRIBUTION OF CONTRIBUTI	IG CONDITION fost. II WIFICANT CONDITIONS CONDEATH BUT NOT RELA RECONDITION CAUSING I	IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, or the street, o	20 A. AUTOPSY? (Yes or MO)	No) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
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DTHER SIGN TO THE I DISEASE OF 19A. DATE O OR CONTRIB	IG CONDITION fost. II WIFICANT CONDITIONS COME DEATH BUT NOT RELA RECONDITION CAUSING I FO OPERATION 19B. CON WAS PERI OF OPERATION 19B. CON WAS PERIOR 19B. CON WAS	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSING SITE 21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.) (Hour) 21E. INJURY OCCURRED While AI Not Whi	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	No) 20B. IF YES, WER IN CERTIFYING ((() in Boltim	CAUSES OF DEATH?
DTHER SIGN TO THE I DISEASE OF I PA A CCIDIO OR CONTRIBE DEATH (notil) 21D. TIME OF INJURY (APPRDX.)	IG CONDITION fost. II WIFICANT CONDITIONS COME THE BUT NOT RELATED TO THE CONDITION CAUSING IN THE CONDITION CAUSING IN THE CONDITION CAUSING IN THE CONDITION CONDITION CONDITION CONDITION CAUSE OF INT WAS UNDERLYING CAUSE O	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CRO & SCLEROS S 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whik Work	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
DTHER SIGN TO THE I DISEASE OF 19A. ACCIDION OR CONTRIBUTE OF INJURY (APPROX.) 22. I certify	IG CONDITION fost. II SIFICANT CONDITIONS CONDEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI OF OPERATION 198. CON WAS PERIOR	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CRO & SCLEROS S 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Whith At Wark I) attended the deceased fram	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING COUR!	CAUSES OF DEATH?
DTHER SIGN TO THE I DISEASE OF 19A. ACCID OR CONTRIB DEATH (notil) 21D. TIME OF INJURY (APPROX.) 22. I certifithat (I) (we	IG CONDITION fost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA OF OPERATION 198. CON WAS PERI OF OPERATION 198. CON WAS PE	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSING CONTROL 21B. PLACE OF INJURY (e.g., home, form, foctory, street, control Chourt 21E. INJURY OCCURRED While At Not White At Wark Not Wark	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID infice bldg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
DTHER SIGN TO THE I UNDERLYIN DTHER SIGN TO THE I UNDERLYIN DISEASE OF 19A. DATE OF 19A. DATE OF INJURY (APPRDX.) 21D. TIME OF INJURY (APPRDX.) 22. I certifithat (I) (we ond haur of	IG CONDITION fost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI OF OPERATION (Yeor) WAS UNDERLYING (Yeor) (Month) (Doy) (Yeor) That (1) (this hospital of the course of the course stored from the causes stored from the causes stored the course of the course of the course stored from the causes stored from the cause st	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CRO & SCLEROS S 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Whith At Wark I) attended the deceased fram	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID infice bldg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING C	pinian death occurred on
DTHER SIGN TO THE IDISEASE OF DOF CONTRIBUTE OF INJURY (APPROX.) 121. L certifithat (I) (we	IG CONDITION fost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI OF OPERATION (Yeor) WAS UNDERLYING (Yeor) (Month) (Doy) (Yeor) That (1) (this hospital of the course of the course stored from the causes stored from the causes stored the course of the course of the course stored from the causes stored from the cause st	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSIS 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Wark Not Wark	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
DTHER SIGN TO THE IDSEASE OF 19 A. DATE OF INJURY (APPRDX.) 21. I certifithat (I) (we ond haur or	IG CONDITION fost. II WIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI OF OPERATION (Yeor) WAS UNDERLYING (Yeor) (Month) (Doy) (Yeor) That (1) (this hospital of the course of the course stored from the causes stored from the causes stored the course of the course of the course stored from the causes stored from the cause st	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSIS 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White Work Not Wark 1) attended the deceased fram ed alive an 7/16 ted above. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes of MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING C	pinian death occurred on the
TISE TO THE TOTAL TO	IG CONDITION fost. II INFICANT CONDITIONS CONDEATH BUT NOT RELA RECONDITION CAUSING I OF OPERATION 198. CON WAS PERI OF OPERATION 198. CON WAS PERIOD 198. CON	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSIS 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whi At Wark I) attended the deceased fram ed alive an 7/16 ted above. (I) (We) (did) (did not) M.D. At Ph.	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I	No) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim NJURY OCCUR? that in(my) (aur) at the course of the cour	pinian death occurred on the property of the p
DTHER SIGN TO THE I DISEASE OF TO THE I DISEAS	IG CONDITION fost. II SIFICANT CONDITIONS CODEATH BUT NOT RELA RECONDITION CAUSING I FOPERATION 19B. CON WAS PERI FOPERATION 19B. CON WAS PERIF FOPERATION 19B	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whi At Wark At War	20 A. AUTOPSY? (Yes or MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I file	No) 20B. IF YES, WER IN CERTIFYING COUR? 19 6 2 ta] [1] that in (my) (aur) a half in (my) (aur) a half more course.	pinian death occurred on 17 16/67
TISE IO III UNDERLYIN NO THE SIGN TO THE I DISEASE OF	IG CONDITION fost. II SIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I FOPERATION 19B. CON WAS PERI FOPERATION 19B	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED CROSSIS 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Wark Not Wark Not Wark Not Wark Not Wark Not W	20 A. AUTOPSY? (Yes of MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I ille	No) 20B. IF YES, WER IN CERTIFYING COUR? (II in Boltim NJURY OCCUR? 19 6 2 ta 7/11 that in (my) (aur) a be stoll phys. NORE CIP	pinian death occurred on the property of the p
TISE IO III UNDERLYIN NO DTHER SIGN TO THE ID ISEASE OF 19 A. DATE OF 19 A. DATE OF INJURY (APPRDX.) 21D. TIME OF INJURY (APPRDX.) 22. I certifithat (I) (we ond haur or 23A. SIGNAT	IG CONDITION fost. II SIFICANT CONDITIONS CO DEATH BUT NOT RELA R CONDITION CAUSING I FOPERATION 19B. CON WAS PERI FOPERATION 19B	ATED TO THE DEMENT A IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White Work At Wark 1) attended the deceased fram	20 A. AUTOPSY? (Yes of MO) in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID I item of the body offer death of the body of the bo	No) 20B. IF YES, WER IN CERTIFYING COUR? (II in Boltim NJURY OCCUR? 19 6 2 ta 7 11 that in(my) (aur) at the state of t	pinian death occurred on the property of the p

VS 150-REV. 1/1/65

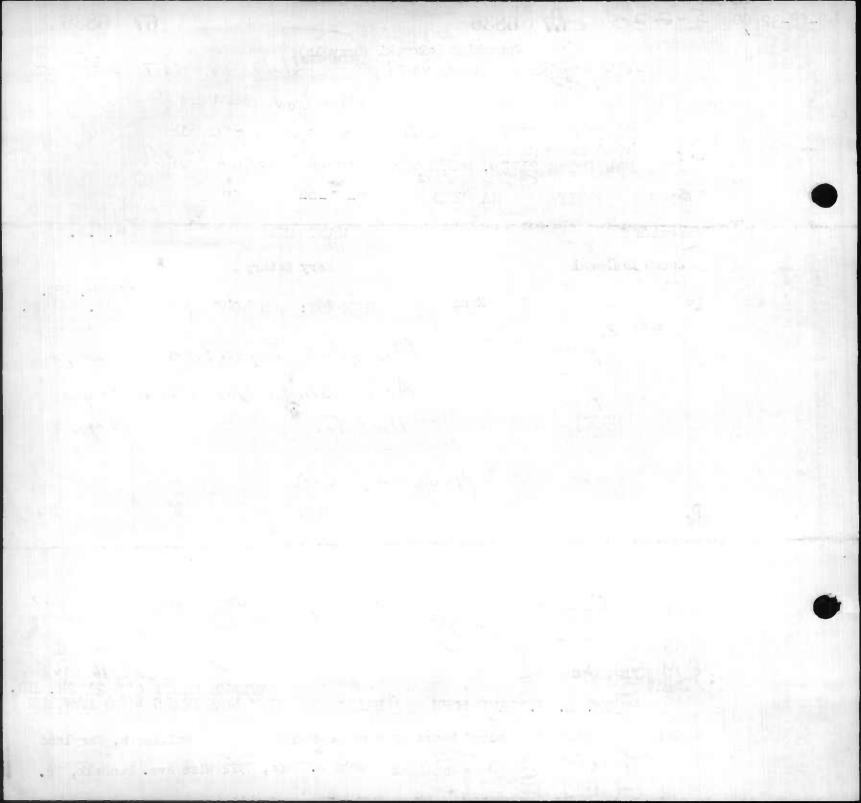
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48-68-32

RIRT	5-220	67	6836	HEALTH DEPARTMENT TE OF DEATH	Registered No. 67	6836	
M.E	CASE NO.		Josephine Sakowski		D HOUR OF DEATH		
(Тур	e or Print)	enhine	Sakonski	4. USUAL RESIDENCE (Where	de deceased lived. If institution	n: residence before odmission)	
H	OSPITAL OR O	f not in hospital or ddress or location)	institution, give street	Mary und	Baltimore Co	and give township)	
			CITY HOSPITALS	Baltimore	- Dundalk	53-00	
		TIMORE 2	1224. MARYLAND	4068 Be	each Rd.		
5. S	FEMALE	HITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	2-21-00	67 Mon	nder 1 Yr. If Under 24 Hrs. hs Doys Hours Min.	
done H	during most of working lift		B, KIND OF BUSINESS OR INDUSTRY	MARYLAND		U.S.A.	
13. [FATHER'S NAME			14. MOTHERS MAIDEN NAM	ΛE		
	Jacob Lis:	Lecki		Mary Bator	У		
(Yes	Was Deceased Ever in , no or unknown) (If yes,	U. S. Armed Force: give wor or dotes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCH	4940 EASTERN	21224, MD. V AVE. BALTO.	
	18. 5 6 8	/1	CAUSE O		1/10 221012	INTERVAL BETWEEN	
	LEADIN (This does not mean heart failure, asthenic injury ar camplication	, eic. It means th	ying, e.g., DUE TO YO	cardial Inferioscleratic		6 Days	
NO	DISEASES OR CONTISE to the above UNDERLYING CONDUNDERLYING CONDUNDERLYING CONTINUES OF THE SIGNIFICANT	IDITIONS, if an accuse (A) solition last.	tating the (C)	abetes		10 yrs	
ERTIFICATIO	TO THE DEATH DISEASE OR CONDIT 19A-DATE OF OPERAT	ION CAUSING IT.	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES	DE DEATH?	
ERT	2			YES		YES	
_	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	fice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location1	
	21D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Yeor)	(Hourl 21E, INJURY OCCURRED While At Not While Work Not Work	21F. HOW DID INJU	URY OCCUR?		
	22. I certify that (1) (this haspital) attended the deceased from July 10 1967 to July 16 1967, that (1) (we) last sow the deceased alive on July 16 1967 and that in my) (our) apinion death occurred on the date						
	ond hour and from the causes stated above. (1) (We) did (did not) view the bady after death. 23A. SIGNATURE						
	23C. PHYSICIAM'S NAME (Type)	vmsoh	Phy	23D. ADDRESS	VENUE BALTIMO	ORE 21224, MI	
244	DIIDIAL CREALATION	DR. E. M		BALTIMORE CITY	Y HOSPITALS	+940 EASTERN	
	Burial CREMATION REMOVAL (Specify)	7/20/67	Sacred Heart of M	ary Cemetery		ore, Maryland	
25A	. DATE REC'D THEA	1 8 1967	Solub E. FallogMA	John J. Duda,	7922 Wise Ave.	ADDRESS	
S	150-REV. 1/1/65						



67 6837

BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6837

M.E. CASE NO.			/ \	
1. NAME OF DECEASED LAWRENCE		2. DATE AND HOUR	PRONOUNCED DEAD	
NORMAN / THOMAS		July 16,	1967	1 7:15 PM.
3. PLACE IN BALTIMORE, MAK AND, WHERE PRONOUNCED DEAD		ENCE (Where deceased		idence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRE HOSPITAL OR ADDRESS OR LOCATION)	C. CITT OR TO	WN (II outside corporate		
	BSali			4-/-
CITY HOSPITAL D.O.A.	D. STREET ADD	RESS (If rural, give loca	tion)	
	B. DATE F BIRT	College Ave	nue Salisl	bury er 1 Yr. If Under 24 Hrs
6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify Divorced)	lost b	rthdoy) Months	Doys Hours Min.
Male White DIVOICEU 10A. USUAL OCCUPATION (Give kind of work) 08. KIND OF BUSINESS OR IN	August 1		38 12. CITIZ	TEN OF
done during most of working life, even il retired)		colore of foreign cooning?		AT COUNTRY?
Equipment Operator Road Construction	Denton,	Maryland AIDEN NAME	USA	
Charles Henry Thomas		izabeth Slau		ss other)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of sorvice) 218-20-85		les H. Thomas		
	100 E. C	ollege Avenue	e, Salisbury	Interval Between
422,11	CAUSE OF DEATH			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
(This does not mean the mode of dying, e.g., DUE TO	Arterioscler	otic Cardiov	ascular	
heart lailure, asthenio, etc. It means the disease, injury or complication which coused death.)	Diseas	e		
ANTECEDENT · CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	· · · · · · · · · · · · · · · · · · ·			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATIO WAS PERFORMED				
DISEASE OR CONDITION CAUSING IT.	N I DOA AUTORO	2 /V N 1200 IF V	C WERE FINISHING	ONGERE
WAS PERFORMED	YES	? (Yes or No) 208, IF Y	FYING CAUSES OF DI YES	
21A, EXTERNAL CAUSE WAS 218, PLACE OF INJUR	Y (e.g., in or about 21C. \	VHERE DID (If in Boltin	nore City, give exact I	location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. home, lom, foctory, a etc.)	street, office bldg., INJUR	OCCUR?		
	URRED 21F. H	OW DID INJURY OCCU	IR?	
(APPROX.) WHILE AT	NOT WHILE			
22.	Autapsy X an	d that on this basis,	death in my opinia	ın
	Suicide Hamic		ined manner	
Accident			CENTRAL DESIGNATION OF THE PERSON OF THE PER	
ACTUAL /		EDICAL EXAMINER		DATE SIGNED
SIGNATURE OF THE		EDICAL EXAMINER		
EXAMINER'S	ASSOCIATE M	EDICAL EXAMINE		17 1067
NAME (Type) Russell S. Fisher M.D.	ETERY or CREMATORY	23D. LOCATION	July City town or	17, 1967 county) (Stote)
Burial July 19, 1967 Wicomico			iry, Marylan	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR		AL DIRECTOR		ADDRESS
		YAY & COMPANY		
THU 18 1967 (R. O., & E. Fand	den land	1 93	, oriezobolit	, MAINTEAND

ET WHEN I LAND

bear of

Name 18, 1928

Doct on Mary Land

terly Elizaboth Shaphan

Mr. Charles M. Thomas, Mr., (Eronne, 30) E. Cettege Avenue, Selistore, A.

Alvanomius alasticadas;

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luly 19, 1967 Wiconico Hamorial Paris

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HOLLOWS IN COMPRISE, SMLTSHILD, G. YARALLON,

200		HEALTH DEPARTMENT	7 0000
2522.	BIRTH NO. 67 6838 CERTIFICA	TE OF DEATH Registered No. 6	7 6838
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	۲ 20
705	(Type or Print) FRANCES ANNA BITTMAN	July 13, 1967	5.30 p
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institu	tion: residence before admission)
se (5) and ded	FULL NAME OF (If not in hospital or institution, give street	Md. 21205	a 2-11-2
2000	HOSPITAL OR oddress or lacotion) INSTITUTION	Baltimore RUR	AL and give township)
in g cause the test	90 Bolton Hill Nursing Home	D. STREET ADDRESS (If rural, give location)	1-00
ring d cau		942 N. Collington	Ave.
ad ad ad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If	Under 1 Tr. If Under 24 Hrs. onths: Doys Hours Min.
occu ontr regu regu sase is m	female white widowed, divorced (specify) married	10/26/86 80	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
or nd nd de itio	housewife at home	Baltimore, Md.	
if death rect or c (4) Undet was in the dec	13. FATHER'S NAME		
世紀 英国 日曜日	Anton Skirvan	Frances Vodak	
E 0 5 6 0 _	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	Edward Bittman, son, 21	ADDRESS
th th th d d d d d fin	Q N		
s agany any ced ced or	18.48 141 904.9 CAUSE O	F DEATH	ONSET AND DEATH
lso of of of the	LEADING TO DEATH	LEADING TO DEATH LEADING TO DEATH Sel mean the mode of dying and all main trition, congestive sev	several weeks
	(This does not meon the mode of dying, e.g., heart failure	rt failure	
a p d d	injury or complication which coused death.)		
min min fra ho egu	ANTECEDENT CAUSES		
X X X X X X X X X X X X X X X X X X X	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the A.	S.C.V.D.	
ical rs; (3 ician as ii ains	UNDERLYING CONDITION Iosi.		
edical dical rrns; rsicic was mair	other significant conditions Contributing fra	cture right hip	4 weeks
mee mee y bu phy ian e re	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
a rody ody	June 15 167 WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
by a 2) Body 2) Body re the physic fore th	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.0)	n or obout 21 C. WHERE DID (If in Boltimore Ci	ty, give exact location)
tal by b; (2) here No ph befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg., INJURY OCCUR?	7.
	Q 21D. TIME (Month) (Doy) (Teor) (Hour) 21E. INJURT OCCURRED	21F. HOW DID INJURT OCCUR?	
roved by ne hospi y nature xcept w ind (6) I	OF INJURT (APPROX.) While At Work At Work	e	
he he he had ny n		une 30k 1967 10 July	13 1967 .
0,00	that (I) (we) last saw the deceased alive on 7-13-67	19and that in (my) (our) opinion	n death occurred on the date
00	and hour and from the couses stated above. (1) (We) (did) (dld not) v	-	
deat deat must	23A. SIGNATURE		B. DATE SIGNED
eleas ccide a hos to de al mu	G (Sworth Phy	Anding Med. Stoff Phys. 7	-14-67
	NAME (Type) Dr Ellsworth Cook	^{23D.} ADDRESS 2431 Maryland Avenu	0
y was r y was r (1) An a 2.A. at d prior	744.54		
F 20 0 0 E	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CRI 24C. NAME of CEMETERY of CRI 24D. Dad Company		own, or county) (State)
This cert the body shows: (was D.O decease written	Burial 7/17/67 Holy Redeemer 25A, DATE REC'D BT HEALTH DEPT. 25B, NAME OF REGISTRAR	Cemetery Baltimore, M	ADDRESS
This the k show was dece writt	JUL 18 1967 Relab E. Farley MA	Schimunek Funeral Hom	e, Inc.
	VS 150-REV. 1/1/65	2601 E. Madison S	

Ellent Cil

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	6
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🔝	3
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ا
written approval must be obtained before the remains are embalmed or final disposition is made.	

67 68	BALTIMORE CITY	HEALTH DEPARTMENT	1/	67 6830
BIRTH NO.	CERTIFICA	TE OF DEATH	Registered No.	07 0000
M.E. CASE NO. 1. NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH	
(Type or Print) FREDERICKS,	IDA C			10:15 P.
3. PLACE OF DEATH IN BALTIMORE MARYLAND	IDA C	4. USUAL RESIDENCE (When	13, 1967	nstitution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	MARYLAND 21	043	Howard Co
ST. AGNES HOSPITAL		ELLICOTT CI	TY	RURAL and give township)
40		195 MAIN ST	rurol, give location)	
	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years lost_birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OWER	9/28/01	65	retorials boys retors retin.
10A. USUAL OCCUPATION (Give kind of work 10 B. KINI		11. BIRTHPLACE (State or forei		12. CITIZEN OF
done during most of working life, even if refired) HOUSEWIFE		MARYLAND		USA
13. FATHERS NAME		14. MOTHERS MAIDEN NA	ME	
WILLIAM (LAST NAME UN	IKNOWN)	ANNA (DYER)	LAST NAM	1E UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of servi	216 28 3050	HOSPITAL REC	ORDS- ST.	AGNES HOSPITAL
18. 1 7 5 . 0 1	CAUSE O	FDEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 0		ONSET AND DEATH
LEADING TO DEATH	IAI Cro.	Lesker on		> 6 m
(This does not meon the mode of dying,	e.g., DUE TO	A		
heart failure, asthenia, etc. It means the dise injury or complication which coused death.)	ose,	of ovar	7	
ANTECEDENT CAUSES	(B)			
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	.,	,	J	
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
- 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING -			
TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	1 208 IF VEC WERE	SINDING CONSIDERS
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION		IN CERTIFYING CA	AUSES OF DEATH?
E ()		NO		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., in home, form, factory, street, of etc.)	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX)	While At Not Whil	е		
	Work At Work		4	
22. I certify that (* (this haspital) attend	ed the deceased from JU	NE 13.	19 67 10 JULY	13, 19 67
thatX1) (we) last sow the deceased alive	1111 V 14	. h/	at in XX (aur) an	Inion death occurred an the date
	•••••••••••••••••••••••••••••••••••••		or antimy, toor, up	intoli deoth occurred an the dot
and hour and from the couses stated above	e. X) (Me) (qiq) (qix X6+) A	lew the bady ofter death.		
23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 7/3/6				23B, DATE SIGNED
				7/13/67
28 C. PHYSICIAN'S				01000
GEORGE E. ENGEEKE M.D. ST. AGNES HOSPITA - CATON AND WILKENS 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)			21229	
			ON AND WILKENS	
			REMOVAL (Specify)	P. 1 11 =
PURIA! /-18-6/	5-000 Shr	1 DELLE	110011 6	114, 1510.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	n-Slack	FILL ADDRESS PIT
JUL 1 8 1967 10 0	R. S. Fr. Dunia	The sere of	Home	ma cig
VS 150-REV. 1/1/65	C. Marie	- Urraicit	11172	, , ,

ELECTIVE ELECTION

E1:01

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HOUSEWIE:

157 / ME 105 0174 L

(MADINELL SMAR TRAIL MAILLE

ANNA (DYER) LAST NAME UNIVERSE

215 28 9050 HOSPITAL RECORDS- ST. FEHRS HOSPITAL

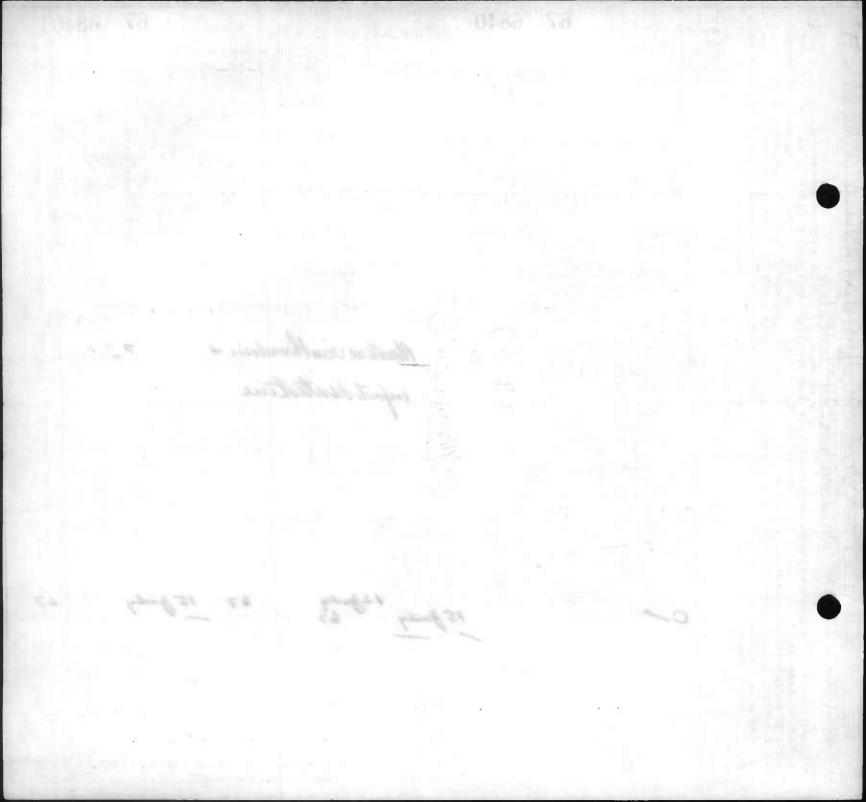
JULY 13, WHIE 18 - SX JULY 18,

AVES., BALTO., MD. 21222 ET. VORES MOSSITA - CATOR AND MILESENS

Supposed For IEllington

GEORGE E. BIRTEEUE

67 6840 BALTIMORE CIT	Y HEALTH DEPARTMENT A TE OF DEATH Registered No. 67 6840
M.E. CASE NO.	ATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) MARGARET M. CHAMBERS	2. DATE AND HOUR OF DEATH 7-15-67 12.30 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admiss B. COUNTY MARYLAND
FULL NAME OF (If not in hospital or institution, give street oddiess or facction) INSTITUTION	C. CITY OR TOWN (III outside city limits, write RURAL and give township) BALTIMORE
33 THE JOHNS HOPKINS HOSPITAL	D. STREET ADDRESS (If Iurol, give locotion) 808 N LUZERNE AVE 21205
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WIDOWED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi, Months Doys Min 81
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife at home	11. BIRTHPLACE (Stote or foreign country) Baltimore, Md.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN KROPFELDER	MARGARET
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service) SEQUETY NO.	17. INFORMANT ADDRESS
215-05-8848D	Mary Trojanowski, neice, above
18. 570. 21 SCAUSE O	DF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g.,	onset and DEATH 2 Lays fortedintestine
(This does not mean the made of dying, e.g.,	nune vein i vonvoiis + ¿Lagys
heart failure, asthenia, etc. It means the disease, injury at complication which caused death.)	1+1. +1
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	Intedinastine
DISEASES OR CONDITIONS, if any, giving &	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	Too.
WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	TICE DIOG., INJURY OCCUR?
O 21D. TIALE (Month) (Day) (Year) (Hourt 21E INTITITY OCCUPRED	21 F. HOW DID INJURY OCCUR?
S OF INJURY (APPROX.) White At Not White At Not White At Work	
	12 July 1967 10 15 July 1967
that () (we) lost sow the deceased alive on 15 Aulu	19.6.7 and that in (my) (our) opinion death occurred on the
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
A. G. Karrih Jk. M.D. A.	tending Med. Stoff Phys. 9
23C. PHYSICIAN'S	23D. ADDRESS
A.G.RAVILLA, JR.	THE INHAS HODELING HOSDITCH
24A. BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY of CR	THE JOHNS HOPKINS HOSPITAL (State State S
Burial 7/18/67 Holy Redeeme	r Cemetery Baltimore, Md.
25A. DATE REC'D BY, HEALTH DEPT. 1 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc.
JUL 18 1967 Reliab E. Farler Mi	Schimunek Funeral Home, Inc. 2601 E. Madison St.
VS 150-REV. 1/1/65	EVOL E, MAULSON SI.



Such

		HEALTH DEPARTMENT	CP
	ATH NO. BE CASE NO. 67. 6841 CERTIFICA	TE OF DEATH Registered No.	67 6841
1,1	NAME OF DECEASED CLIFTON JOHN BELTZ	July 15, 1967	400 p
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If instituti A. STATE B. COUNTY	on: residence before admission)
HO!	FULL NAME OF HOSPITAL OR oddress or locotion) HOUSE in the Pines (Belair Rd)	Md. C. CITY OF TOWN (If outside city limits, write RURAL Baltimore D. STREET ADDRESS (If rurol, give location) 505 N. Clinton St.	ond give township)
10	male white "A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY ne during most of working lite, even if relired) Amer. Smelting & Refining	6/21/98 lost birthdoy! Moi	Under 1 Yr. If Under 24 Hrs. this Doys Hours Min. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	George Beltz	Elizabeth Burke	emeyer
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dates of service) 212-10-1325	Lillian Hopkins Beltz, w	ife, above
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head foilure, osthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoling the UNDERLYING CONDITION lost.	Multiple Stropes	INTERVAL BETWEEN ONSET AND DEATH 4 days.
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	linon's Oliver	azem
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDS IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
CAL CER	OR CONTRIBUTING CAUSE OF home form factory street of		, give exact location)
MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work		, ,
	22. I certify that (I) (this hospital) attended the deceased from	6/27/ 19 67 to (4/19 67 ond that in(my) (**) opinion	death occurred on the dote
	Phy	ending Med. Stoff	DATE SIGNED
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	MATORY 24D. LOCATION (City, to	wn, or county) (State)
	Burial 7/18/67 Oak Lawn Ceme	tery Baltimore, Md.	

Schimunek Funeral Home, Inc.
3331 Brehms Lane

258. NAME OF REGISTRAR

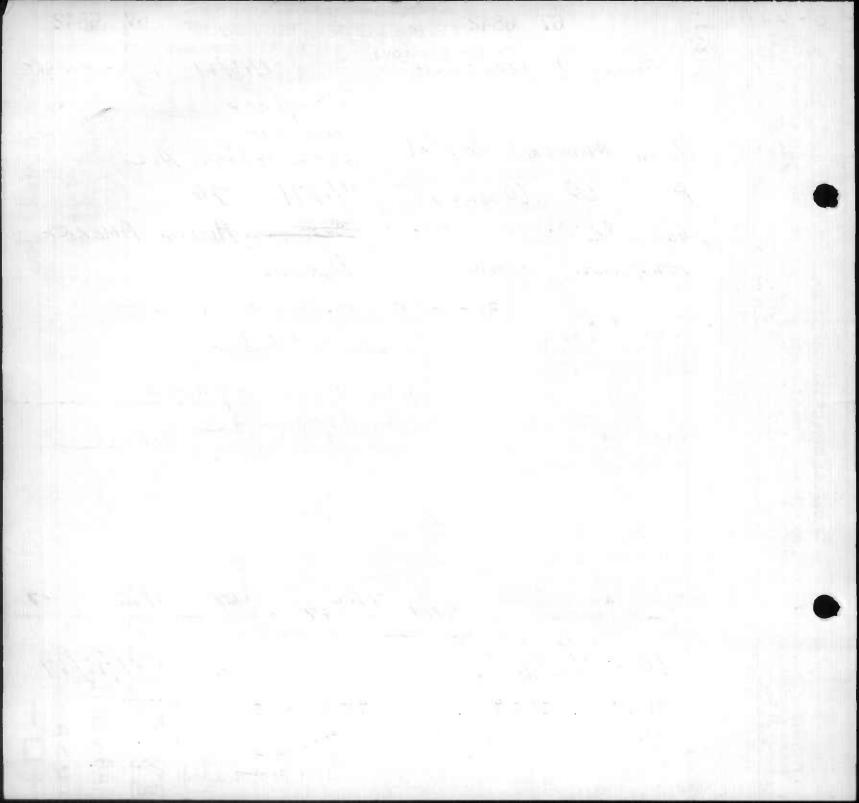
25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65

JUL 18 1967

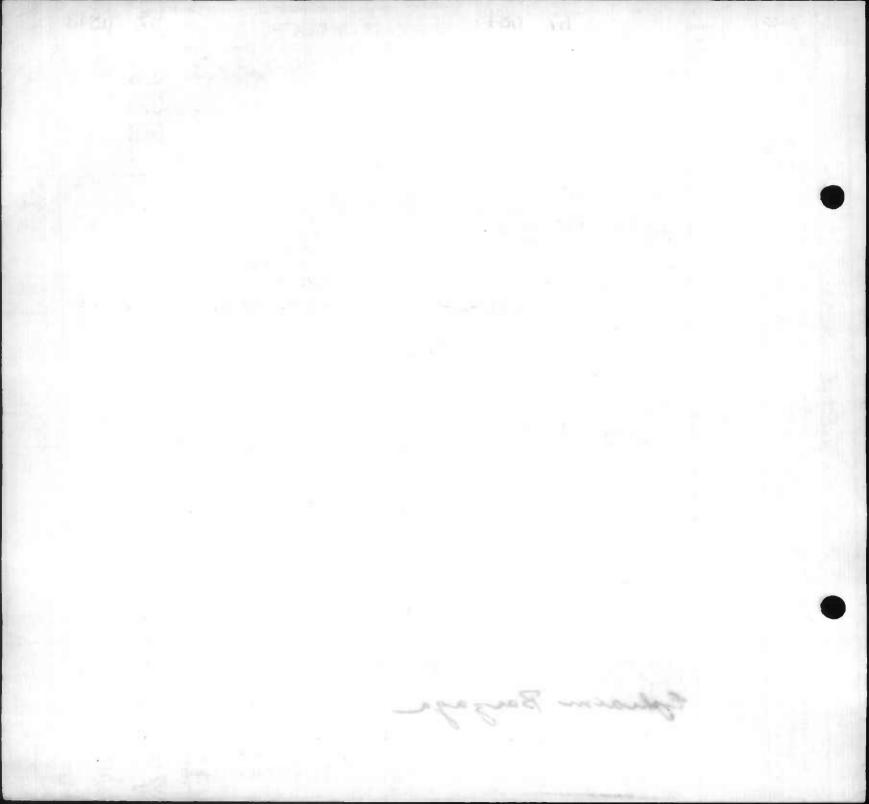
millipe Sterley Combin atmention Rubins Diese 62 168/9 141/6 2/01 :0 - Sche

BALTIMORE CITY	Y HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. 67 6842 CERTIFICA	ATE OF DEATH Registered No. 67 6842
1. NAME OF DECEASED MILKA (Type or Print) 3. PLACE OF DEATH IN BAYTIMORE, MARYLAND OF BETATOV OF BETATOV	2. DATE AND HOUR OF DEATH 2/15/67 12 MIONIGHT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. CQUNTY
FULL NAME OF (If not in hospital or institution, give street address or tocotion)	C. CHY OR TOWN (If outside city limits, write RURAL and give township)
Mion Memioral Hospital	D. STREET ADDRESS (If rurol, give locotion) 2882 Pelham Ave
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED YNDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR'	B. DATE OF BIRTH 9. AGE (In years lost birthday) 11 Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
done during most of working life even if relived) Sea TOOK Dept. Miller Bros. 13. FATHERS NAME	AUSTRIA AMERICA
Bankan Miucsin	Unknown
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 215. — 14-5197	Mrs. Mary Loesch, dght, above
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES (B) OUE TO	estive heart failure uisclustic coronary diseuse worde premiurita
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	ronchopnementa while
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g.,	20 A A TOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? in or about 21 C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy! (Year) (Hour) 21E. INJURY OCCURRED While At Not Whi At Work	
22. I certify that (**(this hospital) attended the deceased from that (1) (***) lost saw the deceased alive on	19 67 and that in(my) (corr) opinion death occurred on the de
Ph	ttending Med. Stolf Phys. 23B. DATE SIGNED 7/15/67
23C. PHYSICIAN'S NAME (Type) WILLIAM H. OEHLERT JR. M.D.	THE UNION MEMORIAL MUSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI REMOVAL (Specify) 7/18/67 Loudon Park	
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS

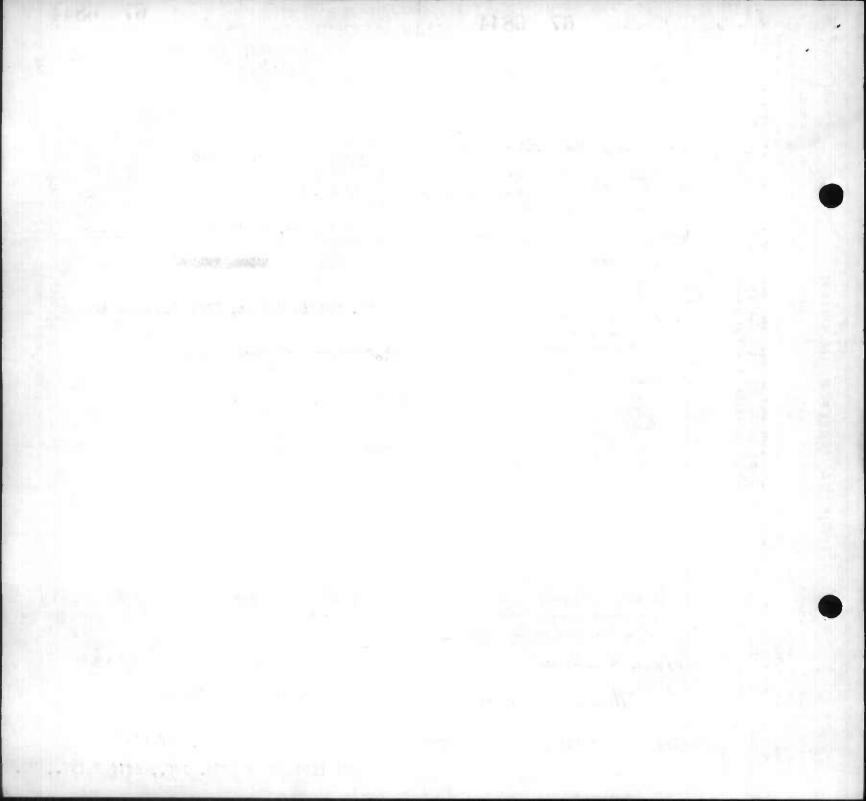


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death was released to the hospital by a medical examiner.
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the U
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

h/ h				
AKIII IVO,	CERTIFICA	TE OF DEATH	Registered No.	67 6843
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	
a new contract of the contract	v +		and the second s	11.100
THERESA HASK	E	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	desposed tived If institu	tion residence before ed-iesi
The state of the s				
FULL NAME OF (If not in hospital or institu	ution, give street	C. CITY OR TOWN (If outside		
HOSPITAL OR address or lacotion)		C. CITY OR TOWN (If autsid	de city limits, write RUR	AL and give township)
		BATTINOP	C	15-(
3 SCHURCH HOME	AND HOSPIAL	D. STREET ADDRESS (If rui	ol, give lacation)	
		1509 LES	CLIF ROK	D
SEX 6. RACE 7. MAR	RRIED, NEVER MARRIED			Under 1 Yr. If Under 24 H
- WID	OWED. DIVORCED (specify)	1/15/96 10	st birthday) M	anths Days Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10B, KIN	MARIALED	1/13/10	71 years	
one during most of working life, even if retired)		Baltimore	country) /	WHAT COUNTRY?
ena during most of working life, even if relieed) Elevator Operator Bal	lto. County	MARYLAND)	AMERICA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E .	7,7,00,7
142 mil 10 to		TUED:	-61 0.	
LUDWIG GRILL		1 #CK t	SA JENERO	or Fuchs
5. Was Deceased Ever in U. S. Armed Farces? (es,na ar unknawn) (If yes, give war ar dates af sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	217-12-5109	Anthony F. Ha	ske, husba	nd. above
18. // 2 a OI	CAUSE O		,	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH		MYDCAPDIA IN	CLIFFIA MILM	week
(This daes not mean the mode of dying,	e.g., DUE TO	MYOCARDIAL IN	3411101800)	
heart failure, asthenia, etc. It means the dis	ease,			
injury or camplication which caused death.)	(B)	APTEMOSCLEPROTIC M	EART DISEAS	years.
ANTECEDENT CAUSES	DUE TO			· +
DISEASES OR CONDITIONS, if any, g	giving			
DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating UNDERLYING CONDITION last.	giving			
rise Ia the abave cause (A) slating UNDERLYING CONDITION last.	giving			
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
rise la the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	the (C)			
rise Ia the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes ar Na)]	208. IF YES, WERE FINI	DINGS CONSIDERED
rise Ia the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE FOR WHICH OPERATION	[20 A. AUTOPSY? (Yes ar Na)]		DINGS CONSIDERED
TISE IN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION INSTANTANT OF THE STATE OF	UTING O THE FOR WHICH OPERATION 218, PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED
TISE IN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION INST. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	UTING O THE FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
rise Ia the abave cause (A) slating UNDERLYING CONDITION Iast. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY(e.g., indicatory, street, of etc.)	n ar about 21 C. WHERE DID Hice bidg., INJURY OCCUR?	208. IF YES, WERE FININ CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
Tise In the abave cause (A) slating UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D.TIMME (Manth) (Day) (Yeor) (Haur)	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY(e.g., in hame, farm, factory, street, of etc.) 21E. INJURY OCCURRED	n ar about 21C. WHERE DID fice bldg., INJURY OCCUR?	208. IF YES, WERE FININ CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
TISE IN THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION INST. OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OPERATION CAUSE OF OPERATION CAUSE OF OPERATION (Notify medical examiner)	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY(e.g., indicatory, street, of etc.)	20A. AUTOPSY? (Yes ar Na) n ar abaut 21C. WHERE DID ffice bldg., INJURY OCCUR? 21F. HOW DID INJUR	208. IF YES, WERE FININ CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
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in the company	BALTIMORE CITY	Y HEALTH DEPARTMENT		67 6844		
PRTH NO. 67-13535	CERTIFICA	TE OF DEATH	Registered No.	3071		
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) MILLEL BABY B		2. DATE AND	HOUR OF DEATH	1 345 A.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAN		A. STATE B. COUNT		stitution: residence before admission)		
FULL NAME OF (If not in hospital or inst HOSPITAL OR oddress or location)	itution, give street	C. CITY OR TOWN (II outsi	de city limits, write I	RURAL and give township)		
INSTITUTION		BALTIMORE		27-19		
SINAI HOSP. OF BA	LTIMORE	5709 Smmon	rol, give location) (DS AVE.			
m w x	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily) EVEL MARRIED	7/12/67 10	AGE (In yeors st birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
OA. USUAL OCCUPATION (Give kind of work 108, Kidone during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
None 3. FATHER'S NAME	None	MAMLAND, Ba		V.S. A.		
MILLER, MARTIN			MANAMANAMA	ANN		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (11 yes, give wor or dotes of s		17. INFORMANT		ADDRESS		
No	None	Mr. Martin Mill	er, 5709 Si	immonds Avenue		
DISEASE OR CONDITION DIRECTL		OF DEATH		ONSET AND DEATH		
LEADING TO DEATH		ESPIRATORY DISTRE	22	18 HRS		
(This daes not mean the made of dying heart failure, osthenia, etc. It means the d	iseose,					
ANTECEDENT CAUSES	.) (B) Pa	EMATURITY				
DISEASES OR CONDITIONS, if any,		7				
	rise to the above cause (A) stating the (C)					
II						
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.						
	N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medico) exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)		
21D. TIME (Month) (Doy) (Year) (Hou		21F. HOW DID INJU	RY OCCUR?			
(APPROX.)	While At Work At Work	le 🗌 /		/		
22. I certify that (I) (this hospital) atte		/ / /	67.10	7/13 1967		
that (1) (we) last sow the deceased ali	ve an	19 47 ond tho	in(my) (our) opi	nian death occurred an the dot		
and haur ond from the couses stated at	ove. (1) (We) (did) (did not)	view the body after death.				
123A. SIGNATURE Ahmas B. Amith	M.D. Att	lending Med. S	loff	23B, DATE SIGNED		
23C. PHYSICIAN'S	Phy	ys. Director P	hys.	1/19/01		
NAME (Type) Thomas P.S.	mith M.D.	5.10. 6650	OF BALT	more		
24A. BURIAL CREMATION, REMOVAL (Specily)	24C. NAME of CEMETERY of CR	REMATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote)		
Burial 7/14/67 25A. DATE REC'D BY HEALTH DEPT. 25B. P	BETH JACOB	25C. FUNERAL DIRECTOR	VKSBURG, MA	ADDRESS ADDRESS		
Chara d	Pice & E Farbagna		E ROME THE			
OOL TO 1001 (I)	Consoli an	SOL LEVINSON	a pros. The	2., 6010 REIST., RI		



BIRTH NO.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.						
Type or Print)	CEASED			2.	DATE AND HOUR PRONOUNC	ED DEAD
		EISCHMANN			July 12, 1967	12:00 p M
PLACE IN BAL		HERE PRONOUNCED DE	AD	4. USUAL RESIDENCE	CE (Where deceased lived, If inst	titution: residence before odmission)
TULL NAME OF	/IE NOT IN HOSBIT	AL OB INICTITUTION CIN	/C STREET	MMMMMMMM	Pennsylvania	,,,,,
OSPITAL OR	ADDRESS OR LOC	AL OR INSTITUTION, GIV	AE 21KEEL	C. CITY OR TOWN	(If outside corporate limits, write	e RURAL ond give township)
NOITUTITE				Denthibitant	11-11-	1/-35
Dank To	Flore Anartmor	+0		D. STREET ADDRESS	Marion (If rurol, give location)	
	wers Apartmen					
, SEX	rk Heights Av		ADDIED	Latches B. DATE OF BIRTH	Lane Apts.	
3LA	o. KACE	7. MARRIED, NEVER M WIDOWED, DIVORCED		D. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female	White	Single		July 3, 188	87 80	
A. USUAL OCC	UPATION (Give kind of wo	k 108. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	working life, even if retired)	Mana		Philada	Oulsia Da	
FATHER'S NAM	ME	None		Philade	EN NAME	USA
rank S.	Fleischmann ED EVER IN U.S. ARME	FORCES? 16. SOCIA		17. INFORMANT	1 Pansci	ADDRESS
s, no or unknown	(If yes, give wor or dot	es of service) SECUR	RITY NO.	TATORIVI ANT		Phila., Pa.
10		Unkno	w. No.	Oliver H	Baer Funeral Hon	ne. 1820 Chestnut.
18.		TUNERALO		OF DEATH	Swel Ture and ITOII	INTERVAL BETWEEN
40	101/ I		0,1002	OI DEATH		ONSET AND DEATH
DISEA	SE OR CONDITION D	RECTLY				
	LEADING TO DEAT	1	Arter	rineclarati	c Cardiovascular	
(This does	not meon the mode o	dying, e.g.,	DUE TO	TI	c Cardiovascular	
injury or co	mplication which coused	deoth.)		Heart Dise	ase	
	ANTECEDENT CAUSI	S	(B) with	recent my	ocardial infarcti	ion
DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO		and the second s	***************************************
	NG CONDITION LAST.	TATING THE				
			(C)		***************************************	
OTHER SIG TO THE DISEASE O	II .					
OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING				
DISEASE	DEATH BUT NOT RE					
19A. DATE O		DITION FOR WHICH OF	PERATION	20 A. AUTOPSY? (Y	es or No) 20B. IF YES, WERE FI	NDINGS CONSIDERED
		RFORMED		2574 710 10 1371 17	IN CERTIFYING CAU	
DIA SYTERNIA	L CALLSE WAS	010 014 07 07	Thi i i my	NO		
UNDERLYING	OR CONTRIB-	home, form, fo	ctory, street, of	fice bldg., INJURY O	RE DID (If in Boltimore City, gi	ve exact location)
UTING CAL	JSE OF DEATH.	etc.)				
UTING CAL	(Month) (Doy) (Yes	r) (Hour) 21 E. INJUR	YOCCURRED	21 E HOW	DID INJURY OCCUR?	
OF INJURY	(Monin) (Doy) (186				DD INJORI OCCOR:	
(APPROX.)		m. WHILE AT	NOT W	WHILE ORK		
22.						
l cer	tify that I held an	Inquiry X Inspect	tion Aut	opsy and th	at an this basis, death in n	ny apinian
resu	Ited fram: Natural co	uses X Accident	Suicide	Hamicide	Undetermined manne	er 🗌
		7				
ACTUA	1 /1/	me !			ICAL EXAMINER X	DATE SIGNED
SIGNAT		18 mh	M. D.	ASSISTANT MED	ICAL EXAMINER	
EXAMI					ICAL EXAMINER	
NAME (T	1 S. Fisher.	M D		Т,	uly 12 1967
A. BURIAL CRE	MATION, 23B. DATE		OF CEMETERY OF	CREMATORY	23D. LOCATION (City,	uly 12, 1967 , town, or county) (Stote)
EMOVAL (Specil						
Burial-1	Removal 7/14	167 Fernuc	od Comet	eru	Delaware (County Pa
A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF REGIST	RAR	24C. FUNERAL	DIRECTOR	ADDRESS
	JUL 18 1967	Robert E. F.	0 0			
	0 .001	10000 C' 1	ander Mill	Sol low	inson & Bros. Inc	c., 6010 Reist., Rd
S 151-REV. 1/1/	/65		114		1	

and philadelphia. Page 1. Chelationes Control of the control of the control THE THREE PROPERTY.

certificate must

the h occurred in a hospitol and contributing cause of death (4) Undetermined couse; (5) Deceased Such LO a hospitol deoth. attendonce 2 prior isposition is mode. regular deceased = Was the or his assistant if death LO kind; final ottendonce fracture of any pronounced 9 embalmed the chief medical examiner regulor who are 4 ල physician the remains Was **Body burns**; physician the 0 before any noture; (2) (except where the body was released to the hospital °Z opproved by obtoined 9 pup

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED DATE, AND HOUR OF DEATH oman (Type or Print) 501 EICHNER 13 67 3 4. USUAL RESIDENCE Where deceosed lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in haspitol ar institution, grve street oddress or location) MARYLAND BALTIMORE COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township) HOSPITAL OF BALTIMORE BALTIMORE COUNTY (If rural, give location) 1AP SCOTT 5. SEX MARRIED, NEVER MARRIED If Under 1 Yr. 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthdoy WHITE MALE WHITE MARKIED

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 6 20 12. CITIZEN OF WHAT COUNTRY? 11. BINTHPLA/CE (State or foreign cauntry) done during most of working life, even if retired) Tacking Supervis 0 laud 13. FATHERS NAME MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL 17. INFORMANT (Yes, na or unknawn) (If yes, give wor or dotes of service) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH NCHIOGENIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? BRONCHIOGENIC CARCINOMA 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC. 21 D. TIME OF INJURY (Manth) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED While At Not While (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 6 pe that (1) (we) last saw the deceased alive an and that In (my) (our) aptinion death accurred an the date shows: (1) An accident of eath) hospital and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. must 23A, SIGNATURE 238, DATE SIGNED 0 Attending Phys. Med. Staff 40 approval Director Phy s. 8 23C. PHYSICIAN'S 23D. ADDRESS prior was D.O.A. at NAME (Type) M.D. ONA OF Hos TIMORE 24A. BURIAL CREMATION. eceased or CREMATORY 24C. NAME of CEMETERY 24D, LOGATION (City, Jown, or county) REMOVAL (Specify) decease REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR FUNERAL DIRECTOR VS 150-REV. 1/1/65

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such L written approval must be obtained before the remains are embalmed or final disposition is made.

1		A 244	HEALTH DEPARTMENT	Cr	COAM
1100		847 CERTIFICA	TE OF DEATH	Registered Na. 67	0847
1,	R. CASE NO. NAME OF DECEASED Ope or Print)		2. DATE AN	D HOUR OF DEATH	15
11	PLACE OF DEATH IN BALTIMORE, MARYLAND	us	4. USUAL RESIDENCE (When	5 67 e deceosed lived. 11 institu	tion: residence before admission)
	FULL NAME OF (If not in hospital or institut		A. STATE B. COUN	d Radle	
	HOSPITAL OR oddress or locotion) INSTITUTION	ion, give sheet	C. CITY OR TOWN (If our	side city limits, write RUR.	AL and give township
1	211		D. STREET ADDRESS (II	rurol, give location)	21-4
	11 Levindale - Heb	Jufuman	5535 Q15	^	
5.	. / WIDO	RIED, NEVER MARRIED		9. AGE (In years If lost birthdoy M	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
10	A. USUAL OCCUPATION (Give kind of work 108, KIN)	MAUVIED	12-15-09	MAMADUAN 57	2, CITIZEN OF
do	ne during most of working lile, even if retired)			gii cooniiy,	WHAT COUNTRY?
13	roprietor Wh.	olesale Mens Wea	r Lithuania	ME	USA
+	Pahhi Taranh Tarah Harris		Alta Caint	44.00	
15 (Y	Cabbi Joseph Jacob Marcus Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (Ilf yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	Alta Spint	navi	ADDRESS
	10		Mrs. Lillian Mo	rcus . 5535 Gi	st Avenue
	18. 422.1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	~	eve bral vas cula	v accordant	2400
	(This does not meon the made at dying, heart foilure, asthenio, etc. It means the dise	e.g., DUE 10			
	injury ar complication which caused death.)	m 0040	valued ASCUT)	110015
	DISEASES OR CONDITIONS, if any, gi	DUE TO			The world was a second
	tise to the abave cause (A) stating UNDERLYING CONDITION last.	_			***************************************
	II				
ATION	CONTRACT	JTING THE			
I A 7	DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINE	DINGS CONSIDERED
EPTIFIC	WAS PERFORMED				
0 140	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Ci	ty, give exact location)
MEDIC	21D. TIME (Month) (Dov) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
3	(APPROX)	While At Work Not While At Work			
	22. I certify that (4) (this haspital) attend	1		19 to 7 1	3 67 19
	that (1) (we) last saw the deceased alive			at in (my) (sur) apinia	n death accurred an the date
	23A. SIGNATURE	'e. (I) (元e) (did) (didinal) 、	view the bady after death.	23	B. DATE, SIGNED
	Survay Logar	M.D. Att	ending Med. Director	Stoff Phys.	7/13/67
	23C. PHYSICIAM'S NAME (Type)		23D. ADDRESS		CT VOTO
	Susan Logat	M.D.	Levinda	le Aged Home	
24	A. BURIAL CREMATION, 248. DATE 24	C. NAME of CEMETERY OF CR			town, or county) 15totel
25	Burial 7/14/67 A. DATE REC'D BY WEALTH DEPT 258, NA	Tifereth Israel	Anshe Stard 1	Rosedale, Mary	yland ADDRESS
	JUL 18 1967 R.L	est E, tarboute		& Brs. Inc.	6010 Reist., Rd.
VS	150-REV. 1/1/65		1000 20000011		

VS 151-REV. 1/1/65

24A, DATE REC'D BY HEALTH DEPT.

69,20 6 7 5

24B, NAME OF REGISTRAR

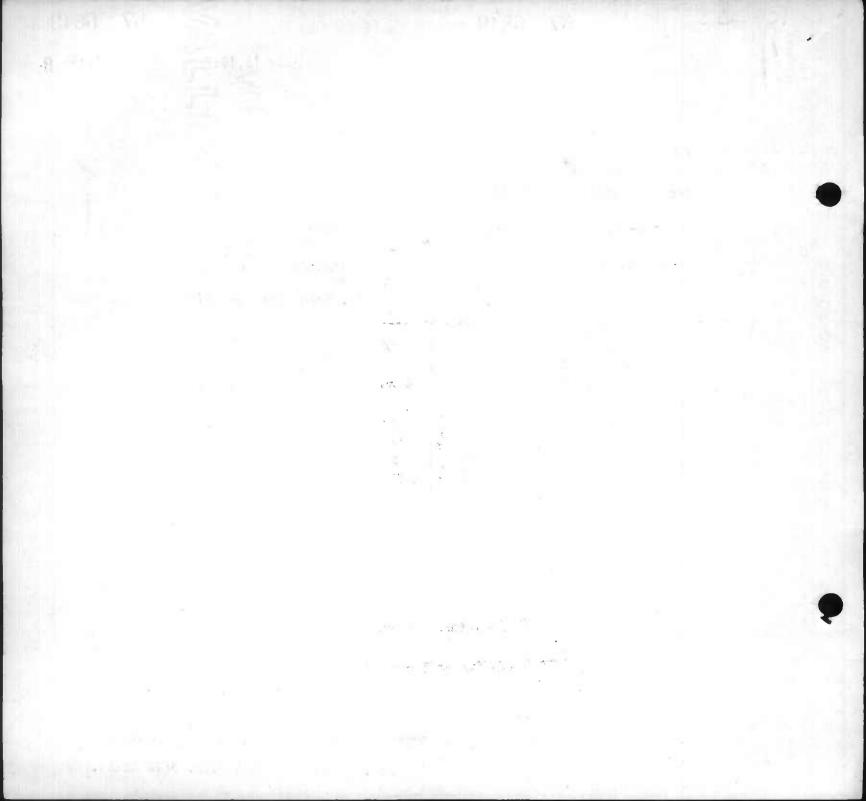
SOL LEVINSON & BROS 6010 REISTERSTOWN RD.

ADDRESS

ARR

24C. FUNERAL DIRECTOR

-		1 (1)%		TY HEALTH DEPARTMENT	V	09 00 10	
	H NO. CASE NO.	67	6849 CERTIFICA	ATE OF DEATH	Registered Na.	67 6849	
1, N.	AME OF DEC	EASED		2. DATE A	AND HOUR OF DEATH		
пур	e or Print)		TODRYS RACHMAN	July	15,1967	11:55 R.	
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (WI	nere deceased lived. If in	nstitution: residence befare admissio	
				Maryland	NIT	Bollo	
H	ULL NAME O	oddress or location	or institution, give street	C. CITY OR TOWN (If (sutsida situ limita unita	PIIPAL and sive township)	
11	NOITUTITZ	01 11	0		Joiside City Illilits, Wife	The same of the sa	
		Sinai Ho	ospital	Baltimore D. STREET ADDRESS	If rurol, give location)	53-00	
	42						
5. S	EV	6. RACE	7. MARRIED, NEVER MARRIED	6513 Wicks			
J. J			WIDQWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.	
	Male	White	Married		67		
10A.	USUAL OCCL	JPATION (Give kind of work working life, even if retired)	108, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
20114		d-Clerk	GRocery Store	Poland		?) / 0	
13. F	ATHER'S NAM		onto co ay ortone	14. MOTHER'S, MAIDEN N.	AAAF	6.0.a.	
				THE MICHIGAN STANDER N.	CIVIL .		
	VOV 1	Rachman		Brandle	?	2	
5. V	Vos Deceosed	Ever in U. S. Armed Ford	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO	(If yes, give wor or date:	SECURITY NO.	Mrs. Toba Bur	Atun- 6513 W	ickfield Road	
_	10		VISLETINA			9	
	1B. 421), / I	E CAUSE			ONSET AND DEATH	
		E OR CONDITION DIR LEADING TO DEATH	ECTLY A	2 2	1. 1. 1	4 5 . 1	
			(The state of the	rall myse	ara jul I wtar	alle Smine	
	(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease at the second seco						
	injuly of complication which coursed death.)						
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	DISEASES OR CONDITIONS, if ony, givin ST						
	rise to the obove couse (A) stoting the						
	UNDERLYING	CONDITION lost.	OSON				
_		II	E 20 B				
ATION	OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING TENTON				
AT	DISEASE OR	CONDITION CAUSING IT	т.				
CERTIFIC	19A. DATE OF	OPERATION 198. CONI	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or I	No. 208. IF YES, WERE	FINDINGS CONSIDERED	
ERT	0					OJES OF DEATH.	
- 1	21 A. ACCIDEN	TING CAUSE OF	21B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimor	e City, give exoct location)	
⋖		medical examiner	etc.)	omee blogs, mooki occok.			
입	21 D. TME	(Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN	IIIIRY OCCUP?		
× ×	OF INJURY		While At Not W		JOKI OCCOK.		
	(APPROX)		Work At Wor		.)		
	22. I certify	that (1) (this hospital)	attended the deceased fram		1966 to	1/1/5 19 5	
- 1			d alive an An and	/	,	nian death occurred an the d	
						nian death occurred an the d	
		/ 1	ed abave. (1) (We) (did) , (did nat)	view the body after death	•		
1	3A. SIGNATU	NE .	(.) n			23B. DATE SIGNED	
	1	coman of	M.D. A	ttending Med. Director	Staff Phys.	11/6/67	
	23C. PHYSICIA		5	23 D. ADDRESS		- 10	
	NAME (T)	(pe)	using M.C	5415 VG	K/4Cigl	85 Dre.	
244	Jey	mour M.		1,0	1		
24A.	REMOVAL (S		24C. NAME of CEMETERY or C	REMATORY 24D.	LOCATION (C	ity, town, or county) (State)	
	Burial	7/10 4	6/67 lubanit-	Marci Ani	Datadala	Marieland	
25A.	DATE REC'D	BY HEALTH DEPT.	6/67 Lubowitz	25C. FUNERAL DIRECTO	Rosedale,	Marykana Address	
	200	1 1 0 10CT A	- 10 7 0				
46 -	50 0514 1414	FTO 1901 (II	Went C. Name	Sol, Levinson &	DILUS INC. 0	010 Reist. RD	
12	50-REV. 1/1/6	5	The second second	0 6 5 9			



×	hospital and use of death (5) Deceased dance on the death. Such	BH M. 1. (T)
•	contributing car termined cause; regular attenc eased prior to	10 do
le:	if death rect or (4) Under was in the dec	13
DRTAN	f the dii y kind; y death ance on	1.5. (Y
IMPO	Also, in the of an oncounce attendance of all all all all all all all all all al	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
	This certifithe body v shows: (1) was D.O.A deceased y written ap	24 25 VS

	CH CH	BALTIMORE CITY	HEALTH DEPARTMENT		CM C050
	TH NO. E. CASE NO.	S50 CERTIFICA	TE OF DEATH	Registered Na	67 6830
(Typ	PLACE OF DEATH IN BALTIMORE MARYLAND	podman	Tuly	15,1967	4 130 HAM.
	FULL NAME OF (If not in hospital or institute oddress or location)	1 .11	Mayland	side city limits, write RU	RAL and give township)
1	12 Sinai Hosp. 0	f Bultimoke	D. STREET ADDRESS (III) BEL VEGER	e Toweks	Apt. 606
5. 5		RIED, NEVER MARRIED DIVORCED (specify) WILDOW DO OF BUSINESS OF INDUSTRY	B. DATE OF BIRTH 12/31/04 11. BIRTHPLACE (Stole or lore)	62	If Under 1 Yr. II Under 24 Hrs. Months; Doys Hours Min.
don	e doring most of warking life, even if retired) EVICULAL FATHER'S NAME	ustrial dal Service	BALTIMO	E mid	USA
	Julius Presone	er	Rosalie	<u> </u>	
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? sho or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Robert Good	man-3P	rence Slorge
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying,	CAUSE O	derebral the	om bosis	INTERVAL BETWEEN ONSET AND DEATH
	heart failure, asthenia, etc. It means the dise injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	(B)	+ Kterio slen	05/5	
	rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)		***************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE Diab.	ctes Mellitus		
CERTIFICATIO	19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	ZOA. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)		(If in Boltimore	City, give exoct locotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
	22. I certify that (I) (this hospital) attend that (I) (we) last saw the deceased alive	an July 15	19 6 and the	9 67 to Tkl, of in(my) (our) opini	19 67, an death occurred on the date
	ond hour ond from the causes stated obay 23A. SIGNATURE 23C. PHYSICIAN'S 23C. PHYSICIAN'S	M.D. Atte	nding Med.	Stoff Phys.	July 15, 1967
244	MARTIN S. LIBE	EMAN M.D.	Sinal Hos	spital of	Baltimone
(Benoval (Specify) July 16/67	Lebew Frier	dely 5	Watlinge	1 md (State)
25A	JUL 18 1967 R	E talley MA	Sel Llunder ?	Bus -60	10 Reist-Ra
VS	150-REV. 1/1/65				

FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	5-
snows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	5
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	13

BIRTH NO. 67 6851 CEDTIFICATE OF DEATH Registered No.	6851
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
(Type or Print) SNULDO - ANNIE W	17:05 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decorated lived, If institution A. STATE B. COUNTY	on: residence before odmission)
FULL NAME OF (If not in hospital or institution, give street 67/5 Pim 1:00 R	d. Balla, Co
INSTITUTION Oddress of location)	L ond give township)
Sinai Hospital D. STREET ADDRESS (If rurol, give locotion)	
S. SEX 6. RACE WIDOWED, DIVORCED (specify) Widow 8. DATE OF BIRTH 9. AGE (In yeors tost birthdoy) 9/7/84 10st birthdoy) 8. Mon	Under 1 Yr. If Under 24 Hrs. nths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
Housewife At Home Russia 13. FATHERS NAME 14. MOTHERS MAIDEN NAME	USA
Samuel Weinberg Rebecca?	ADDRESS 49
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	7 /
No 212-09-1853A Mr. Louis I. Snyder, 6715 Ol	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. if means the disease.	= 6/2 hrus.
heart failure, asthenia, etc. If means the disease, injury or camplication which caused death,)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION WAS PERFORMED 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED 200A. AUTOPSY? (Yes or No.) IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	, give exact location)
21D. TIME (Month) (Doy) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While AI Not While At Work 2: 350 m	7:05 AM
22. I certify that (1) (this hospital) ottended the deceosed fram 7-15-6 19 ta 7-1	5-67 19 ,
that (1) (we) last sow the deceased alive an	death occurred on the date
and have and from the causes stated abave (1) (We) (dld) (did not) view the bady after death.	DATE SIGNED
M.D. Allending Med. Stoff	DATE SIGNED
23C. PHYSICIAN'S 23D. ADDRESS	1-12-01
NAME (Type)	
24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lov REMOVAL (Specify)	wn, or county) (State)
Burial 7/16/67 Shaarei Zion Rosedale, Mar	yland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS
JUL 18 1967 Polyert E. tarbeyt Sol Levinson & Bros. Inc.,	6010 Reist., Rd.

Market and Aller and the Allert and Acknowledge stades of the Saling and a state of the sale and the sale

2	~	67	6852	BALTIMORE CITY	HEALTH DEPARTM	ENT	CD	COFO
BIRTH	NO.	07	000%	CERTIFICA	TE OF DEA	TH Registered N	10.	6852
	CASE NO.	ASED D	1	/		ATE AND HOUR OF DEA	TH	
	or Print)	BRIC	Kman,	LOUIS		7/14/67	1 4	110 1.N
. PL	ACE OF DEAT	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE	CE (Where deceased lived.	If institution; residence	e before odmission)
FILL	LL NAME OF	(If not in hospitot	or institution, give	street	marin	land	1	Belle-C
HO	SPITAL OR	oddress or location	1)		C. CITY OR TOWN	(If outside city limits, wr	ite RURAL and give	lownship)
<	SINGI	HOSPITA	1 DE K	altimore	4218 Lo	well drive.	#8	53-00
,	13	, , , , , , ,		CLIVINORE	D. STREET ADDRESS	(If rural, give location)		
7	100	6. RACE	7. MARRIED, NE	VER ALABRIED	B. DATE OF BIRTH	will	T ((1) - 4 - 3 V	. If Under 24 Hrs.
SEX	Mala	white	MINOWED D	IVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birt doy)	If Under 1 Yr. Months: Doys	Hours Min.
A U	SUAL OCCU	PATION (Give kind of work	108 KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLATE (Stot	e or loteign country)	12, CITIZEN O	
one d		orking life, even if retired)	Soll.C.	2000	Pun	110	WHAT CO	
EA	THEE'S NAM	ENGIN .	Jeg en	Just	14. MOTHERS MAIL	SCAL NAME	451	T
00 1 1	DA.	P. Bru	·long	4)		Karblin	,	
E VA/	Jaca	Ever in U. S. Armed For	200 1 1000	505141	17. INFORMANT	reareas	A QZ)P	DALAN
Yes, n	o or unknown)	(If yes, give wor or date	s of service)	SECURITY NO.	mia Olit	R. Korsley-	4218 4	1.000
	M			M	Ma com	10 1005-00	0100	vees
18	100	. 8 1		CAUSE	DE DEATH	0	ONSET	AND DEATH
		OR CONDITION DIE EADING TO DEATH	RECTLY	(Spiratun	meumon	ia 1	& Duys
		I meon the mode of sthenio, etc. It meons		DUE TO				
		olicotion which coused		a.	7	+ 1 Bloom	1	8
-	A	NTECEDENT CAUSES		DUE TO	stro-inte	unal oca	ymp 1	7
		R CONDITIONS, if		C	ubral	Samuel	4	San
		CONDITION lost.	slotting the	(C)		7		7
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0 4	O THE DE	ATH BUT NOT RELA	TED TO THE	Carcu	uma 1	the Colon		
	A. DATE OF	ONDITION CAUSING I	T. DITION FOR WHI	CH OPERATION	20 A. AUTOPSY? (Y	es or No. 20B, IF YES, WI	RE FINDINGS CONS	DERED
1	7/4/	67 WASPER		Laparotim	/ Ye	IN CERTIFYING	CAUSES OF DEATH	?
0	A CCIDEN	T WAS UNDERLYING	218. PL	CE OF INJURY (e.g.	or obout 21 C. WHER	E DID (tl in Botti	more City, give exoc	t locotion)
CAL	EATH (notify	medical examiner	etc.)	om, recorp, succe,	J. S.			
2	D. TIME	(Month) (Doy) (Year)		JURY OCCURRED	21F. HOW	DID INJURY OCCUR?		
5	APPROX.)		White Work	Not Whi			0	
2:	2. I certify	that (1) (this hospital) ottended the	deceosed from	1 Why 181	19 (7 to	/ mly 14.	1967
th	nat (I) (we)	last sow the decease	d alive on	uly 14th	19 / -7	and that in (my) (our)	opinion death occ	urred on the da
a	nd hour ond	from the couses sto	red abave. (1) (V	Ve) (did) (did not)				
	A. SIGNATUI		A	7			23B. DATE SIGN	ED
		T. Mar	lines	M.D. Att	ending Med.	or Stoff Phys.	7/15/	67
23	NAME (Ty	V'S			23D. ADDRESS	A1	5 P 21	107
		/ +ERDINA	NO MAI	RTINEZ M.D.	SINAI	HOSPITAL (X DALTI	4 O/CE
	BURIAL CREA		24C. NAMI	of CEMETERY OF CE	EMATORY	24D. LOCATION	(City, town, or coup	ty) (Stote)
13	Jureal	Lucles 16	167 St	aarer =	non	Resedal	e, Md	
25A.	DATE REC'D	BY HEALTH DEPT.	258. NAME OF	REGISTRAR	25C FINERAL D	IRECTOR A	Exc 1. 10	DDRESS D
	J	UL 18 1967 (Robert E	Janou Hill	Doldellen	en ques	-6110 NE	st.look
V\$ 15	0-REV, 1/1/6	5			0 1	birme		

Ald SELTHER CHANGE BANGE SING FECTURE (INCT. T. SMA PRINTERS - FINE CONT.

40		TY HEALTH DEPARTMENT		CH COMO
BIRTH NO.	6853 CERTIFIC	ATE OF DEATH	Registered No.	0/ 6833
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ID/HOUR OF DEATH	
(Type of Print) MRS. JENNE 3. PLACE OF DEATH IN BALTIMORE, MARYL.	SIEGEL	7/14	167 2:3:	5 R.M. M
3. PLACE OF DEATH IN BALTIMORE, MARYL.	AND	4. USUAL RESIDENCE (When	e deceased lived. If institut	tion: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION		11	ND	
		C. CITY OR TOWN (II OUT	tside city limits, write RURA	L and give township
SINAL HOS		BALT	MORE	20-41
42 BALTIMO			rurol, give lacation)	11 -
5. SEX 6. RACE 1.	MARY LAND		LLE AVE.	
	WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
OA. USUAL OCCUPATION (Give kind of work 108	WIDOW R KIND OF BUSINESS OF INDUST	RY 11. BIRTHPLACE (State or forei	DARMA 81	. CITIZEN OF
done during most of working life, even if retired)	. MITO OF DOTHESS OR HIDOST	RUSSIA		WHAT COUNTRY?
HOUSEWIFE	AT HOME			USA
A TO A MALL	1 10 d h	14. MOTHER'S MAIDEN NAM	IUA IUUY	MAMMAMM
ABRAHAH BAY,		AN ELECTRICAL PROPERTY.	MA MANAMANAM	PRESIDENTERS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (It yes, give war ar dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT		3310 LAURTE
NO	ZINKNOWAL	M.JOSEPH	SIEGEL	BALTIMORE HI
1B. (000,0 I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT		0-1141 111611		ONSEL AND DEATH
LEADING TO DEATH (This does not mean the mode of dy	(A)	RENAL INSU	FFICIENCY	•••••••••••••••••••••••••••••••••••••••
heart foilure, osthenia, etc. It meons the	diseose,			
injury or complication which caused dec	ain,)	HRONIC PY	ELO NEPHRIT	K
ANTECEDENT CAUSES		F	•••••••••••	
DISEASES OR CONDITIONS, if any rise to the obove couse (A) sto				
UNDERLYING CONDITION last.				**************************************
, II	CHRI	NIC CONGESTIL	VE HEART FAIL	HE
OTHER SIGNIFICANT CONDITIONS CON	IKIBU IING	ONIC RECTAL	BLEEDING	
U 19A, DATE OF OPERATION 119B, CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES WERE FIND	INGS CONSIDERED
WAS PERFOR			IN CERTIFYING CAUSES	OF DEATH?
U 21 A. A C CIDENT YEAS UNDERLYING	21B. PLACE OF INJURY (e.	in or about 21 C. WHERE DID	(If in Boltimore Cit	y, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?		
	lour) 21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not W	hile		
	Work At Wo	11111 21	17 111	111 11 17
22. I certify that (I) (this haspital) of		1/ /7/	196/ to JU	4 14 19 6
that (1) (we) last saw the deceased a	live on JULY /	9 6 ond the	ot in(my) (our) apinion	death accurred on the dat
and haur and from the causes stated	above. (I) (We) (did) (did not	view the bady after death.		
23A. SIGNATURE	0			, DATE SIGNED
Wilhelmina C	aging auon M.D.	hys. Med. Director	Staff Phys.	7/14/6/
23C. PHYSICIAN'S NAME (Type)	00	23D. ADDRESS		
DR. KOTZ	M.I	D. STNAT HOST	DTTAI	
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF	CREMATORY 24D. LO	OCATION (City, to	own, or county) (Stote)
REMOVAL (Specify)	DOCOTOCTUT DI	וחלוובת עבתרונו	RAITTMADE	MADVIAND
PARRIEM BURTAL 7/16/67	PROGRESSIVE RU	25C. FUNERAL DIRECTOR	BALTIMORE,	MAKY LAW U
JOL 78 1301	Toberto E. Sarboy P	. 0		6010 REIST., RD.
/S 150-REV. 1/1/65		SUL LEVINSUN	a bros. Lives	0010 102019 1100
3 130-KEY, 1/1/03 .				

MES JENNIE SIEGEL

7/14/67 2:5:1/18

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PALTIMORE

BALTIMORE, MARY LAND SSIR BELLE AVE #7

FERRE W WIDOW

THE STREET

PULSSIA

ARRABAR BAYAROLY

SECURE PART PARTICIPATION

THEY WELL TOOMS MASON.

RENAL INSUFFICIENCY

CHRONIC PYELONEPINIS

CHRONIC CONSESTING HERE DECLINE

7/11/67 Federaliand Blocking

THE INTERPRETAGE

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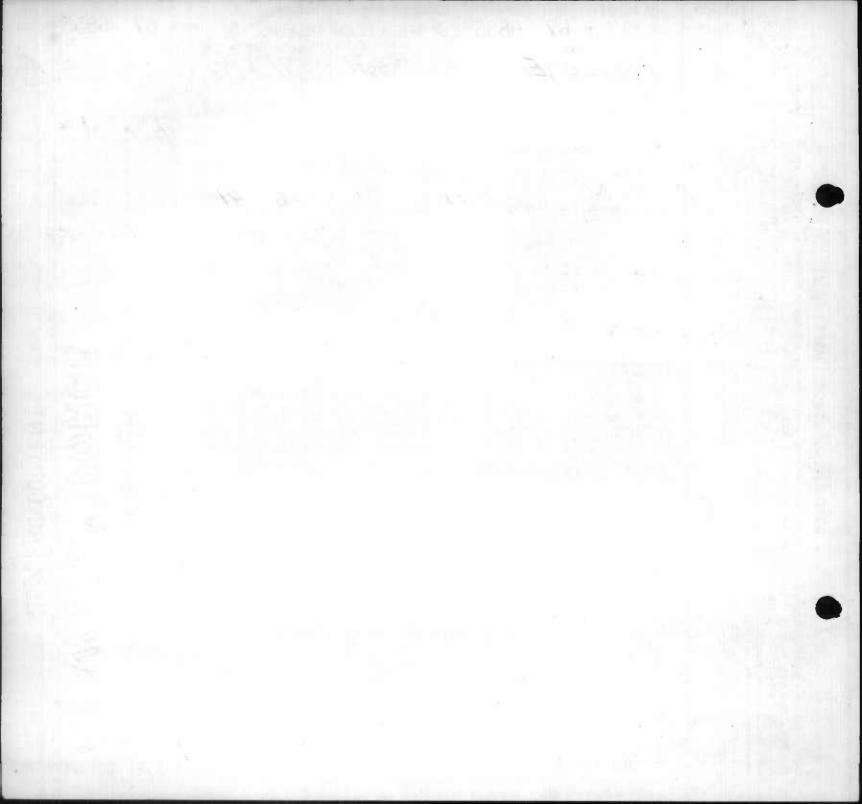
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127	BALTIMORE CITY	HEALTH DEPARTMENT		CM COEA
BIRTH NO. 67	854 CERTIFICA	TE OF DEATH	Registered No	67 6854
M.E. CASE NO.	CERTITO		D HOUR OF DEATH	
	HARLES	7/	111 11 11	8:00 P.H
3. PLACE OF DEATH IN BALTIMORE WARYLAN	D	14. USUAL RESIDENCE (When	4 /6 7	stitution: rosidenco bolaro odmissio
		A. STATE B. COUN	R	smonon, residence below bully said
FULL NAME OF (II not in hospital or insti	tution, give street	MARYLANI		
HOSPITAL OR oddross or location)	1 1.		tsido city limits, writo R	tURAL ond give township)
FRANKLIN SQUA	RE HOSPITAL	BALTIMOR	t	19-00
		D. STREET ADDRESS	rurol, give location)	AT 21022
36		3005,10	LHOUN	ST, 21223
SEX 6. RACE 7.	ARRIED, NEVER MARRIED DOWED, DIVORCED (specily)	B. DATE OF BIRTHO-	AGE (In years	II Under 1 Yr. If Under 24 Ho Months Doys Hours Min.
\mathcal{M}	Davies, Divorces (specify)	Mark Market St.	Tost difficulty	Trongs Doy's Hours Ivin.
OA. USUAL OCCUPATION (Give kind of work 108. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forai	gn country)	12, CITIZEN OF
one during most of working lile, even if retired)		RUSS/A	-	WHAT COUNTRY?
3. FATHER'S NAME	OPRIETOR	,		4,0//
		14. MOTHER'S MAIDEN NAM	WE AND STREET OF THE PARTY OF T	oles O
SAMUEL COL	LIDGE	140177	property of the second	3
5. Was Deceased Ever in U. S. Armed Forces? Tes, no or unknown) (If yes, give wor or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
A Division of doles of se	SECURITY NO.	HOSPITAL	RECORD	S FSH
118.	19 commence of the second		1-0 -0/0	, ,,
1 Lt x 0.11	- 1 20 Oddin	F DEATH		ONSET, AND DEATH
DISEASE OR CONDITION DIRECTLY	L	140 CARDIA	L INFA	PPTIMI -2K
(This does not mean the mode of dying		10 SIRDIA	0 110 111	1-01.40
heart failure, asthenia, etc. It means the d		L / A =	^	
injury or complication which coused death,	an	Terns clery	ie	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if any,	giving	terios elers	200	
rise to the obove couse (A) statin	g lhe (C)	LCCOVI		***************************************
ONDERLING CONDITION 1851.				
Z OTHER SIGNIFICANT CONDITIONS CONTRI	OLITICAL C			
TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	120 A LLYOBENS (Voc. of No.	1 208 IF Mee Webs F	
WAS PERFORME		20A. AUTOPSY? (Yos or No	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	218 81 4 66 65 44444	100	111111111111111111111111111111111111111	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of		(If in Boltimoro	City, give exact location)
	etc.)			
21D. TIME (Month) (Doy) (Your) (Hou	1) 21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Not Whil			
	Work L At Work	111	11 A.	1111111
22. I certify that (I) (this hospital) attended	nded the deceased fram	ruy 14	9 Ct 10 y	14, 1967
that (I) (we) lost sow the deceased aliv	e on July 141	is 67 and the	ot in (my) (our) Copin	nion death occurred on the de
ond hour and fram the causes stated ab	ove. (I) We) (did not)			
Hector Felicians M.D. Attending Mod. Stoff Phys 1-				23B. DATE SIGNED
				1-111-1
				1-14-6
23C. PHYSICIAN'S NAME (Typo)		23D. ADDRESS		
HECTOR L. FEL	LICIANO M.D.	EDANKITH COUR	DE HACDITAL	
AA. BURIAL CREMATION, 248, DATE	24C. NAME OF CEMETERY OF CRI	FRANKLIN SOUA		y, lown, or county) (State)
REMOVAL (Specily)				
BURIAL 7/16/67 5A. DATE REC'D BY HEALTH DEPT. 25B. N	WORKMEN CIRCLE	25C. FUNERAL DIRECTOR	ALTIMORE, MA	ARYLAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL 18 1967 R	But E. Javan M.A			. 6010 REIST., R
150-REV. 1/1/65				.,

the published the public is

		BALTIMORE CIT	HEALTH DEPARTMENT		
BIRTH NO.	67 68	55 CERTIFICA	TE OF DEATH	Registered No.	67 6855
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	EYFRM	A Robins	2. DATE 7/	AND HOUR OF DEATH	9:00 AM
3. PLACE OF DEATH IN BALTIM	ORE, MARILAND			here deceased lived. If i UNTY	nstitution: residence before admission)
HOSPITAL OR address	haspital or instituti or location)	an, give street	C. CITY OR TOWN (IF	autside city limits, write,	RURAL-ed give toweship
INSTITUTION SINA			BACTIM	ORE	21-18
42 2	PALTIMOR	E	D. STREET ADDRESS	(If rural, give location)	1/2
5. SEX 6. RACE	7. MARR WIDO	WED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give I		OF BUSINESS OR INDUSTRY	11. BIRTHPEACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
			PALTIMO		4.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
John Gar				na Sico	
15. Was Deceased Ever in U. S. (Yes, na ar unknawn) (If yes, give v	Armed Forces? For ar dates of servi		17. INFORMANT		ADDRESS
		213208822	James Holle	эу 3706 Ве	
18. 170 X I		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI			and Ba	20 1	Dec dinhe
(This does not mean the	made of dying,		a of and	ease	- Legio 20 10/66
heart foilure, osthenia, etc.		ose,	1 7	,	la
ANTECEDENT	CAUSES	(B) /t	ypertensi	on	Mary yellra
DISEASES OR CONDITIO	NS, if ony, give	DUE TO			
rise to the above con UNDERLYING CONDITION		lhe (C)		••••••••••	
II	1031.		· · · · · · · · · · · · · · · · · · ·		
O THER SIGNIFICANT COND TO THE DEATH BUT TO DISEASE OR CONDITION C	OT RELATED TO				
19A. DATE OF OPERATION	198. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDE	Ca of B	218. PLACE OF INJURY (e.g.,		/// := P-1:	re City, give exact lacation)
OR CONTRIBUTING CAUS	E OF	hame, form, factory, street, etc.)	office bldg., INJURY OCCUR?	tit in Pallima	ге Спу, д че ехаст тасават
OF INJURY (Month) (Do	(Year) (Haur)	21E INJURY OCCURRED	21 F. HOW DID I	INJURY OCCUR?	
(APPROX)		While At Wark At Wark			0.4
22. I certify that (I) (this	hospital) attende	od the deceased fram	7/16	1962 to 200	2H, 19
that (1) (we) last saw the	deceased alive	วที่			inlan death accurred an the date
and have and from the ca	uses stated above	e, (I) (We) (did) (did nat)	view the body after deat	h.	
23A. SIGNATURS	11	2-3			23B. DATE SIGNED
Kichae	d 1	olan M.D. Al	lending Med. Director	Staff Phy s.	7/10/65
23C. PHYSICIAN'S NAME (Type)	0		23D. ADDRESS		110/21
RICH	TRO KAT	ON M.D.	SINAI HO	SPITAL OI	- BALTIMORE
24A. BURIAL CREMATION, 24B.	DATE 240	NAME of CEMETERY OF CI	REMATORY 24D	LOCATION (C	City, tawn, ar caunty) (State)
	20-67	Baltimore Na	t'l: Cem.	Baltimore,	Maryland
25A. DATE REC'D BY HEALTH D	EPT. 258. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECT	OR	ADDRESS
JUL 18	1967 120	B & Fall 40	Kelson Fu	neral Home	1348 Calhoun St
VS 150-REV. 1/1/65		SECURE SECTION OF CONTRACT AND ADDRESS OF THE PERSON OF TH			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

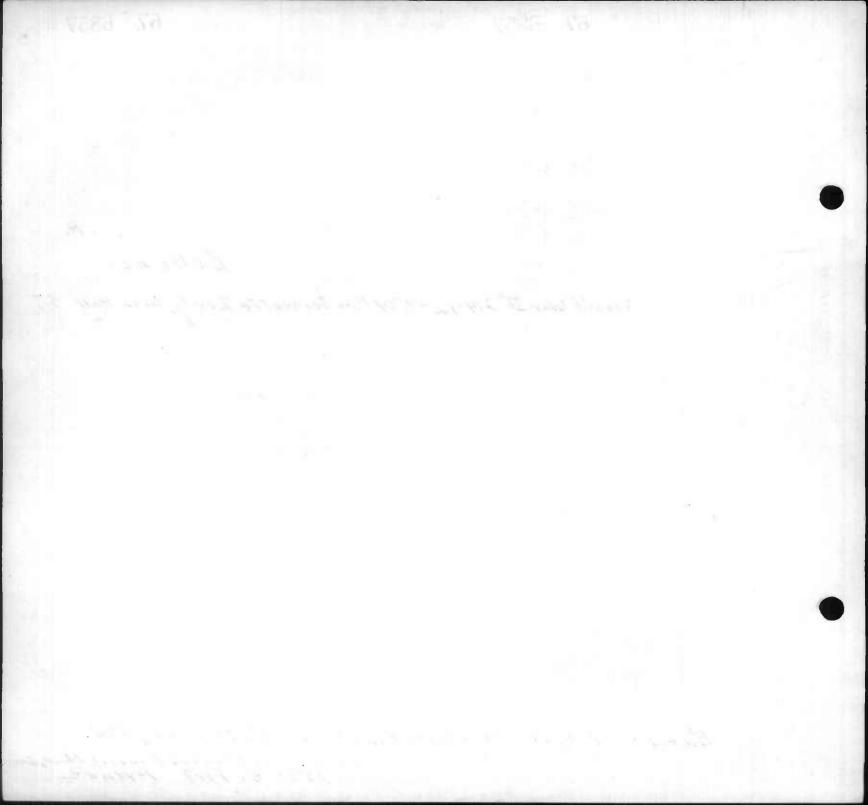
-	CB C	BALTIMORE CITY	Y HEALTH DEPARTMENT		CH COED		
	BIRTH NO. 67. 68	B56 CERTIFICA	TE OF DEATH	Registered No.	67 6856		
	II. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
	(Type or Print) MOLLIEA RO	MIO	July A. USUAL RESIDENCE (WHE	1 17 , 196	7 2 15 P M.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If institu TY	tion: residence before admission)		
	FULL NAME OF (If not in hospital ar institution, give steet HOSPITAL OR oddress or location) INSTITUTION		C. CITY OR TOWN (If autside city limits, write RURA) and give to the property of the company of				
	35 CHURCH HOWE AND HOSPITA		BALTIMORE D. STREET ADDRESS (If rural, give location) 2020 E PRATT ST				
•							
de.	5. SEX 6. RACE 7. MAR	RIED, NEVER MARRIED			Under 1 Yr., If Under 24 Hrs.		
is mad		OWED, DIVORCED (specify)	/ /	lost birthday) M	anths Days Haurs Min.		
	done during most of working life, even if retired)	D OF BOSINESS OK INDUSTRI	WIL INGTON		2. CITIZEN OF WHAT COUNTRY?		
disposition	HOUSEWIFE		MARYLA	000-1	AMERICA		
05	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E			
Sp	ANGCLO SCADIO	10	211841	LENA	SENA.		
	ANGCLO SCARAM 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dolos of serv	1 6. SOCIAL	17. INFORMANT	DLENA	ADDRESS		
fina	ittes, no or unknown) till yes, give wol or dolos of serv		TICA TUCQUID	0450 900	F 221		
=	18.		TLEO JOSEPHIRO	DUE 0 2020	INTERVAL BETWEEN		
0	DISEASE OR CONDITION DIRECTLY	CAOSE	DEATH		ONSET AND DEATH		
9	LEADING TO DEATH		REREARA, III		9 20		
Ε	(This does not meon the mode of dying,		CEREBRAL 1-1E	- MO MUPAGE	7		
mbalmed	healt failule, osthenia, etc. It means the disc injuly of complication which coused death.)						
E	ANTECEDENT CAUSES	(B)	HYPENTENSIUE	epporo VASC- Q	vis . YEMY.		
0	DISEASES OR CONDITIONS, if any, gi	DUE TO					
0	rise to the obove couse (A) sloting the (C)						
remains	UNDERLYING CONDITION last.						
9	7						
e		HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE					
	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	1 208 IE VEC WERE EINE	DIACE CONSIDERED		
the	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	OK WATCH OFERATION	NO	IN CERTIFYING CAUSES	S OF DEATH?		
before	U 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21 & PLACE OF INJURY (o.g., i home, form, foctory, street, o	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore Cit	ly, give exact location)		
	OF IN HER (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?			
ained	OF INJURY (APPROX.)	While At Not Whi	lo 🖂	ani woodii			
D		Work At Work					
22. I certify that (I) (this hospital) attended the deceased from 7-9 19 67 to 7-17 19 6 that (I) (we) last saw the deceased alive an 7-17 19 6 and that in (my) (aur) apinian death accurred an that							
and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typo) 23C. PHYSICIAN'S NAME (Typo) 23C. PHYSICIAN'S NAME (Typo) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, of CREMATORY) 24D. LOCATION (City, of CREMATORY)					B. DATE SIGNED		
					Sale 17 1862		
					July 17, 1967		
010	NAME (Typo)	13 9 /4/					
de	24A. BURIAL CREMATION, 124B. DATE 124	IC. NAME of CEMETERY OF CR	CAT		BND HOSPITHZ		
2	REMOVAL (Specify)				awn, or county) (State)		
written	BURIAL JULY 201967		CRIAL PARK TA	AYLOR AVE	BALTOCT MO		
1		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
3	JUL 18 1967 R.C	2. 5 E Faluna	THE SOLLIELS	HITHE	1 2 2		
	VS 150-REV. 1/1/65						

CHECKER MONTH AND THAT WE'RE I PERSON 74 16 2 10 10 THE STATE OF THE S profit agreement when the STATE OF THE PROPERTY OF THE P 77 mm male water or grade Commercial to the fire the supplied as versessed se

FUNERAL DIRECTOR: IMPORTANT

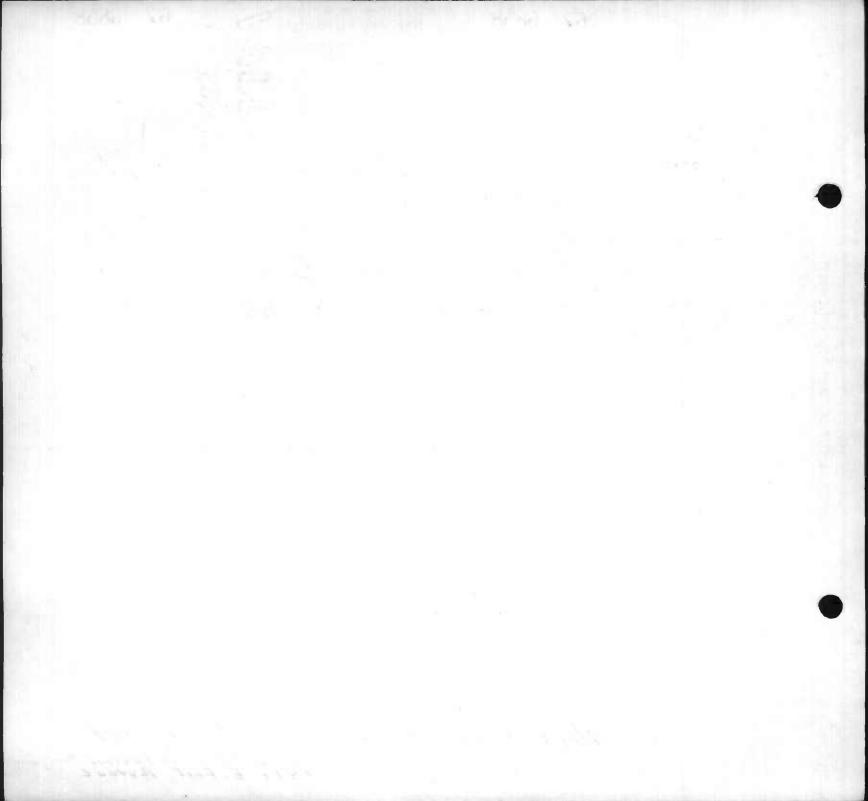
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CITY HEALTH DEPARTMENT				
BIRTH NO. 67, 6857 CERTIFICATE OF DEATH Registered No. 67, 6857 M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND [4. USUAL RESIDENCE (Where decrosed lived, II institution; residence before odmission)				
A. STATE B, COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION (If nat in hospital ar institution, give street oddress or lacotion) (If outside city limits, write RURAL and give township)				
S. BALTO, GEN. HOSP. BALTIMORE D. STREET ADDRESS (If, rural, give lacotion)				
D. STREET ADDRESS (If rural, give facotion)				
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., Il Under 24 Hrs.				
MIDOWED, DIVORCED (specify) Months: Days Haurs Min.				
10A. USUAL OCCUPATION (Give kind al work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12, CITIZEN OF WHAT COUNTRY?				
WATEHMAN STEVEDORES LOLKATO MD. US. R.				
13. FATHER'S NAME				
MICHAEL ZAETZ MARY - Bohonos				
15. Wes Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give wor ar dates of service) 16. SOCIAL SECURITY NO.				
Yes Was-1d War II 214-12-9854 Mrs. Jeannette Zaetz 1442 Hull ST,				
CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH				
LEADING TO DEATH TWTAP 1/0WTD1 FIRES 2				
LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death,) ANTECEDENT CAUSES (A) INTRAVOLUTIS! CUCUAR SAYS DUE TO (B) MALIEURANT SYRRYT SYRYT SYRRYT SYRYT SYRRYT SYRRYT SYRRYT SYRYT SYRRYT SYRRYT SYRYT SYR				
ANTECEDENT CAUSES IB MALIEUGANT DYPERTARSION 6 YES				
DISEASES OR CONDITIONS, if any, giving				
rise la the abave cause (A) stating the UNDERLYING CONDITION last.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mone				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
OR CONTRIBUTING CAUSE OF home, lorm, loctory, street, olfice bldg., INJURY OCCUR?				
O IN LIES (Month) (Doy) (Yeor) IHour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
While At Nat While				
Work At Work				
22. I certify that (I) (this hospital) attended the deceased from 7/7 196/to 7/0 196/,				
that (1) (we) lost sow the deceased alive on 7/10 19 ond that in (my) (our) opinion death occurred on the date				
ond hour and from the causes stated above (11)(We) (did))(did not) view the body ofter death.				
23A. SIGNATURE A.D. Attending Med. Stoff D				
Aloneans N. Cynlory Phys. Director Phys.				
23D. ADDRESS NAME (Type) M.D.				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)				
Burial 7/14/67 Holy Cross CameTery Baltimore, Md.				
25A. DATE REC'D BY HEALTH DEPT! 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Charles Funeral Money ILC.				
JULIO 1001 Comments of 1501 E. Fart Hyenne,				
VS 150-REV. 1/1/65				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

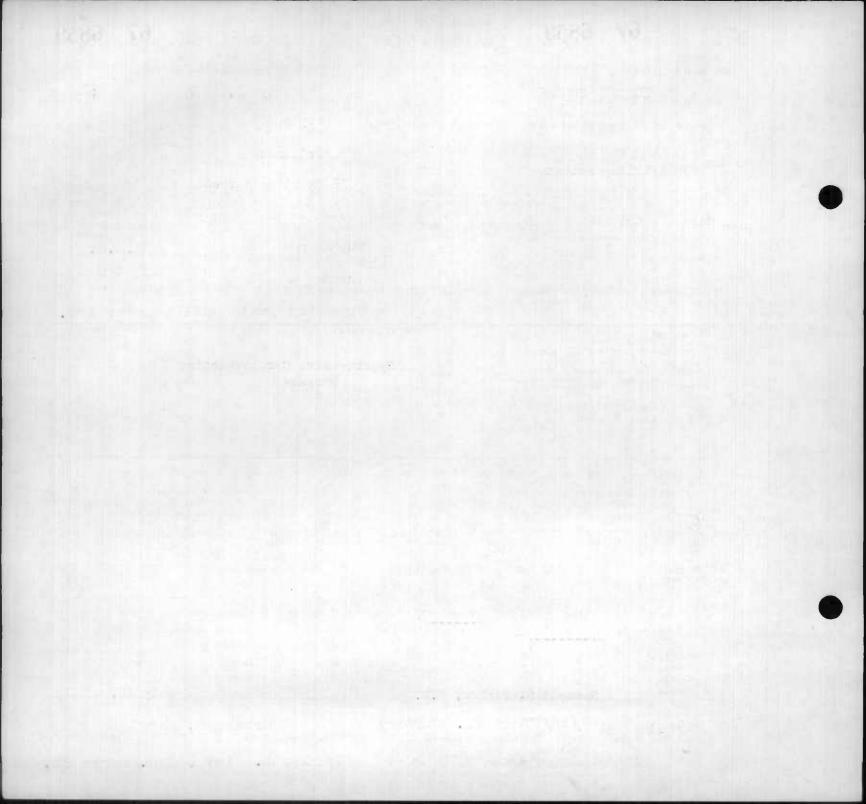
BIRTH NO. 67 6858 CERTIFICATE OF DEATH Registered No. 67 6858
M.E. CASE NO. 1. NAME OF DECEASED 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 1. PESSEP. 2. DATE AND HOUR OF DEATH 7-10-67. 8:50 A.M.
3. PLACE OF DEATH IN BALTMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. Il institution; residence before odmission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If not in hospital or institution, give street oddress or location) (If outside city timits, write RURAL and give township) (If rural, give location)
South Baltimore GENEral Hosp. 14/3 WEbster St.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 103. USUAL OCCUPATION(GIV) kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF
Lough Shareman + Cab Price RE LINED. Balton MO. WHAT COUNTRY?
13. FATHER'S NAME HENRY PESSEP. AUND RATE ALLEN' NE ALLEN' NE ALLEN' NE ALLEN' 15. WOS Deceased Ever in' U, S. Arried Forces? 10. SOCIAL 17. INFORMANT ADDRESS
15. Was Deceased Ever in U. S. Affed Fores? (Yes, no or unknown) (III yes, give wor or dates of service) NO 16. SOCIAL SECURITY NO. 214-01-93524ucille Presser 1413 Webster 57.
DISEASE OR CONDITION DIRECTLY
(This does not mean the made of dying, e.g., heart foiluse, osthenia, etc. II means the disease, injury as camplication which coused death.) (A) DIABETES MELLITIS C DUE TO KIMMELSTIEL - WILSON DS
ANTECEDENT CAUSES (B) UK-MIX 2-40 A) DUE TO
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last. (C) ASCUD & DECOMPRISATED CHF.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTORSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21 & WHERE DID hame, factory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED While At Work At Work 21E. INJURY OCCUR?
22. I certify that (this hospital) attended the deceased from 7-6 19 67 to 7-10 19 67, that (we) lost sow the deceased alive on 7-10 19 67 and that in (our) apinion death occurred on the date
and hour and from the causes stated above. (1) (We) (dld) (did not) view the body after death.
23A. SIGNATURE A Hending Med. Stoff Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S 123D. ADDRESS 123D. ADDRESS
23C. PHYSICYAN'S NAME (Type) John C. Butchart. M.D. 12/3 hight SZ. 24A. BURIAL CREMATION, 24B. DATE (24C. NAME of CEMETERY of CREMATORY) 24D. ADDRESS (Stote)
Buri21 7/14/47 Holy Cross CeneTery Baltimore, 19d.
25A. DATE REC'D BY HEALTH DEPT. / 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR STOYENS FUTER SHOWE, INC. JUL 18 1967 P. L. S. L. S.



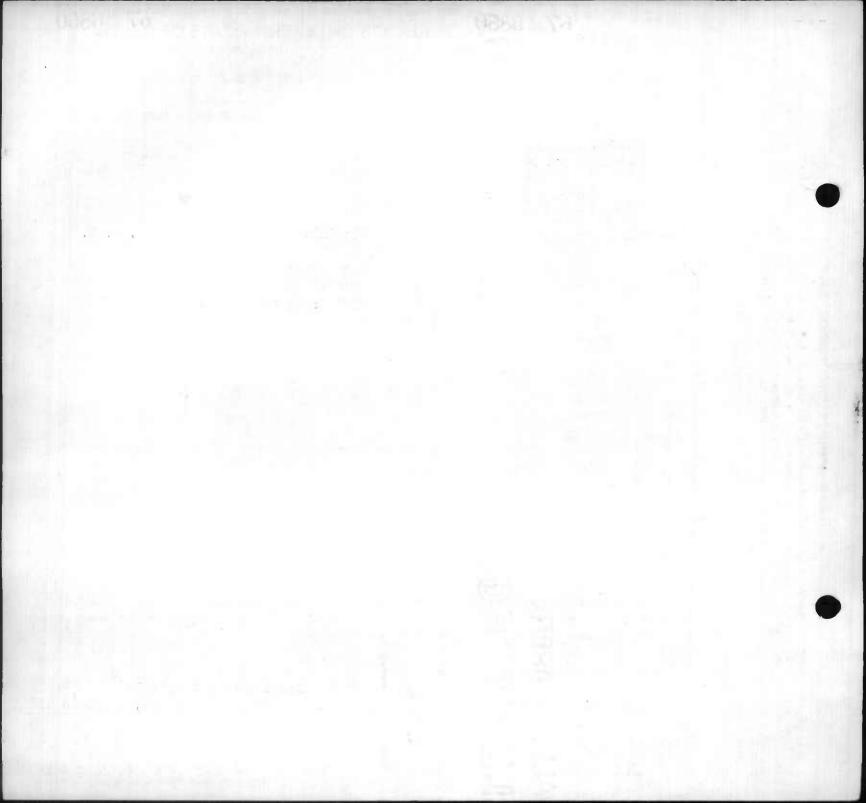
T520

BIRTH NO. 67 6859 BALTIMORE CITY HEAD	ERTIFICATE OF DEATH Registered 6.7 6859			
M.E. CASE NO.				
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD			
WILSON THOMAS	July 17, 1967 3:45 a m.			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY			
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If autside carparate limits, write RURAL and give township) Baltimore			
639 Stirling Street	D. STREET ADDRESS (If rurol, give lacation)			
	639 Stirling Street			
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male Colored	B. DATE OF BIRTH 9. AGE (In years lif Under 1 Yr, If Under 24 Hrs. Manths, Days Haurs Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR				
done during most at warking lile, even if retired) 13. FATHER'S NAME	Maryland U.S.A.			
	Emma			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS			
(Yes, na orunknawn) (If yes, give war ar dates af service) SECURITY NO.	Franklin Seals 3041 Belmont Ave.			
ANTECEPENT: CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Hypertensive Cardiovascular Disease			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION WAS PERFORMED				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION form, factory, street, etc.)	20A. AUTOPSY? (Yes at No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B, PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (if in Boltimare City, give exact location) hame, farm, factory, street, affice bldg., INJURY OCCUR?				
21 D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK				
I certify that I held an Inquiry Inspection X Autapsy and that an this basis, death in my apinlan				
ACTUAL SIGNATURE EXAMINER'S Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER X DATE SIGNED ASSOCIATE MEDICAL EXAMINER				
NAME (Type) Russell S. Fisher, M.D.	July 17, 1967			
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify) 7/19/67 Mt. Calvor	or CREMATORY 23D. LOCATION (City, tawn, ar county) (State)			
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAD	24C. FUNERAL DIRECTOR ADDRESS			

Charles A. Rice 661 W. Barre St.



VS 150-REV. 1/1/65_



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BALTIMORE CITY HEALTH DEPARTMENT 6861 CERTIFICATE OF DEATH Registered No .. BIRTH NO. Such M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) TAYLOR, Matthew (NMI) July 16, 1967 eath. 4. IJSUAL RESIDENCE (Where deceased lived, If institution; residence before edmission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND Maryland FULL NAME OF (If net in hespital er institution, give street HOSPITAL OR oddress er lecotion)
INSTITUTION Veterans Administration Hospital C. CITY OR TOWN (If autside city limits, write RURAL end give township) Baltimore 3900 Loch Raven Blvd. D. STREET ADDRESS (If rural, give lecation) Baltimore, Maryland 21218 2809 Woodbrook Ave. 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In yeers B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months! Days Heurs lest birthday Male Widowed Negro tOA. USUAL OCCUPATION (Give kind of werk 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fereign country) 12. CITIZEN OF sposition dene during mest el warking life, even if retired) WHAT COUNTRY? Grieble Motors Pennsylvania U.S.A. Auto Finisher 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME the Lewis Taylor Miranda (Unknown) uo 15. Wes Deceased Ever in U. S. Armed Farces ADDRESS Records (Yes, ne er unknewn) (If yes, give war er detes ef service) SECURITY NO. attendance 10/23/17 to 5/17/19 138-03-7577 Yes V.A. Hospital, Baltimore, Md. 21218 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CONCESTIVE HEART FAILURE LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. 11 means the disease, 0 injury or camplication which caused death.) HYPERTENSIVE CARDIOVASCULAR DISEASE regul ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving DIABETIC GLOMERULOSCLEROSIS UNKNOWN rise to the above couse (A) stating the UNDERLYING CONDITION last. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED Yes 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in er ebeut 21C. WHERE DID OR CONTRIBUTING CAUSE OF hame, ferm, fectery, street, office bldg., INJURY OCCUR? °N DEATH (netify medical exemined MEDIC be obtained (Heuri (Month) (Day) (Yeer) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) and February 22. I certify that (1) (this hospital) attended the deceased fram.... July 16, that 🌑 (we) last sow the deceased olive on..... and that in (30) (aur) apinion deoth accurred on the date eath) and hour and from the causes stated above. (家(We) (did) (did(state) view the bady after deoth. 23A. SIGNATURE 23 B. DATE SIGNED 0 Attending Phys. 0 approva 23C. PHYSICIAN'S NAME (Type) Veterans Administration Hospital 23D. ADDRESS prior GEORGE W. GAFFNEY, M.D. M.D. 3900 Loch Raven Blvd., Baltimore, Md. 21218 24A. BURIAL CREMATION, 24B. DATE ased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 7/20/67 Baltimore National Baltimore, Burial Maryland

25C. FUNERAL DIRECTOR

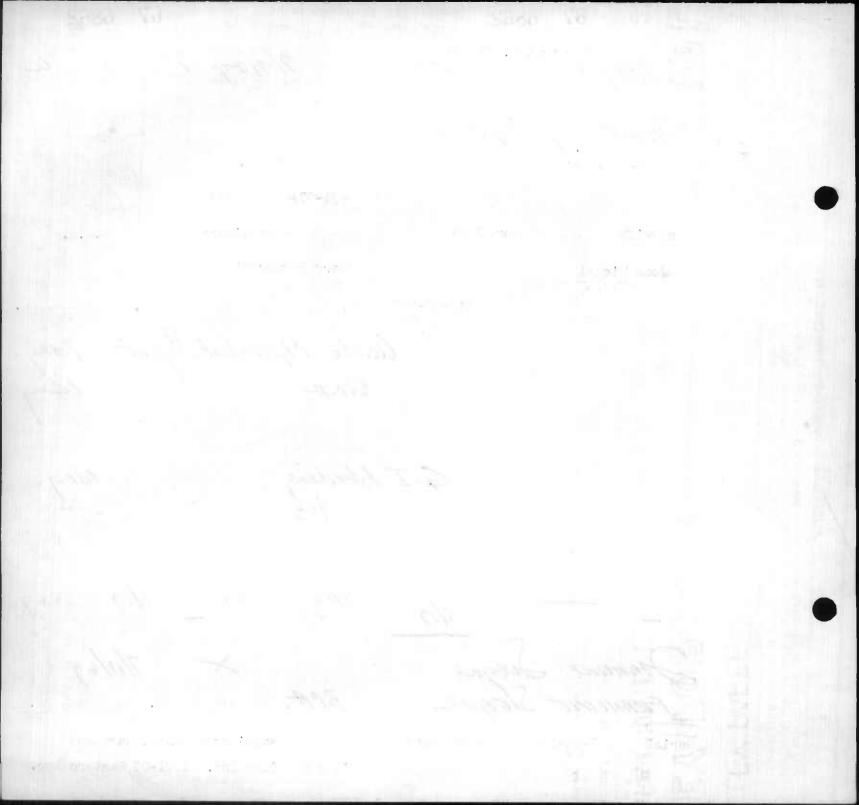
Charles A. Rice 661 W. Barre St.

VS 150-REV, 1/1/65

25A. DATE REC'D BY HEALTH DEPT. 1967

U. 1 P.19/pc .111. Elektrone, magding the Taylor and the same HERE, N.

RTH NO.	6862	CEDITIEICA	TE OF DEATH	Registered No	67 6862	
LE CASE NO. NAME OF DECEASED Margar ype or Print) Margar	et Mer	homas	TE OF DEATH	AND HOUR OF DEAT		0
PLACE OF DEATH IN BALTIMORE, MAI	RYLAND	MUITAS	4. USUAL RESIDENCE (W	/here decaused lived. If	institution; residence before	odmissio
			A, STATE B. CO	UNTY		
FULL NAME OF (If not in hospital of oddress or location		give street	Maryland		e RURAL old give township	1
Rollinger City	Hrsp	ital	Baltimo		20	1 1
4940 Eastern Ave.				(If rurol, give location)		1
Baltimore, Maryland			3323 Foster	Ave. # 212	24	
Female White		NEVER MARRIED DIVORCED (specify) ed	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Un Months Doys Hours	der 24 H Min.
A. USUAL OCCUPATION (Give kind of work			11. BIRTHPLA CE (state or for	-4	12, CITIZEN OF	
one during most of working life, even if retired)	Own	Home	Manusland D	alt imona	WHAT COUNTRY?	
Housewife	OWII	Honse	Maryland B	altimore	U.S.A.	
John Nickol		11 / 50 0141	Mary Hernb	LegT	4.000.000	
. Was Deceased Ever in U. S. Armed Ford es, no ar unknown) (If yes, give war ar date:	s of service)	SECURITY NO.	17. INFORMANT		ADDRESS 2	224
No		216-01-9096	BCH: Records	4940 Eastern	Ave. Baltimon	e, M
heart failure, asthenio, etc. It means	the discussion					
19A. DATE OF OPERATION 19B. CON WAS PERF	ony, giving slating lhe ONTRIBUTING TED TO TH T. DITION FOR V FORMED 218. hometc. (Haur) 21E. Wh	PLACE OF INJURY(e.g., in the form, foctory, street, or injury occurred lile At Not While		IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?	dar
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING TO THE OPERATION TO THE	ony, giving slating like ONTRIBUTING TED TO THE T. DITION FOR VERNED 218, hometc. (Hour) 21E, Wh. Wo	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the foctory). INJURY OCCURRED INJURY OCCURRED ILL ALL Not While ALL Work	Seeding 20A. AUTOPSY? Jes or 20B. INJURY OCCUR? 21F. HOW DID I	IN CERTIFYING C	nore City, give exact locoho	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CAUSING IT THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT TO THE DEATH WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease ond haur and fram the causes stated	ony, giving slating lhe ONTRIBUTING TED TO TH T. DITION FOR V FORMED 218. hometc. (Hour) 21E. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, on the file At Not White At Work the deceased from	Seeding 20A. AUJOPSY? Jes of 20 A. BUTOPSY? Jes of 21 F. WHERE DID 21 F. HOW DID I	(If in Boltim	nore City, give exact locoho	19.6.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CON WAS PERFORM CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (we) lost saw the decease and haur and fram the causes state 23A SIGNATURE	ony, giving slating lhe ONTRIBUTING TED TO TH T. DITION FOR V FORMED 218. hometc. (Hour) 21E. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., integration of the form, foctory, street, on the foctory, street, on the foctory of the foctory, street, on the foctory of the foct	Securion 20A. AUTOPSY? Ves or 129 A. AUTOPSY? Ves or 129 A. AUTOPSY? Ves or 129 AUTOPSY? Ves or 129 AUTOPSY? Ves or 120 AUTOPSY? AUTOPSY? Ves or 120 AUTOPSY? Ves or 1	(If in Boltim	nore City, give exact locoho	19.6
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or ise to the obove cause (A) UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CAUSE OF CONTRIBUTION CAUSING IN 198. CONDITION CAUSING IN 198. CONDITION CAUSING IN 198. CONDITION CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (me) lost saw the decease ond haur and fram the causes state	ony, giving slating lhe ONTRIBUTING TED TO TH T. DITION FOR V FORMED 218. hometc. (Hour) 21E. Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., interpretation of the property of the	20A. AUJOPSY? Jes or Jes or obout 21C. WHERE DID In or obout 121C. WHERE DID INJURY OCCUR? 21F. HOW DID It is a series of the body after deot inding Med. Director 223D. ADDRESS	IN CERTIFYING ((If in Boltim INJURY OCCUR? 1962 to thot in (my) (Stoff Physics Stoff Physics Physics	nore City, give exact locoho	19
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. CONWAS PERFORM (A) CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (was lost saw the decease ond haur and fram the causes stot 23A MIGNATURE 23C-PHYSICIAN'S NAME (Type)	ony, giving slating the ONTRIBUTING TO THE TOTH TO THE TOTH TOTH TOTH TOTH	WHICH OPERATION PLACE OF INJURY (e.g., in the form, foctory, street, or injury occurred his A1 Work has deceased from	Decling 20A. AUJOPSY? Jes or 19 21F. HOW DID I 22F. HOW DID I 23D. ADDRESS 22D. ADDRESS	IN CERTIFYING ((If in Boltim INJURY OCCUR? 1967 to thot in(my) (Stoff Physical A 40 Eastern A	pinion death occurred of 238, DATE/SIGNED	19
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONNING TO CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (ma) lost saw the decease ond haur and fram the causes stot 23A SIGNATURE 23A SIGNATURE 23C-PHYSICIAN'S NAME (Type)	ony, giving stating the ONTRIBUTING TO THE T. DITION FOR MED 218, hometc. (Hour) 218, Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20A. AUTOPSY? Jes or Jes The ar about 21C. WHERE DID In a bidg., INJURY OCCUR? 21F. HOW DID In a bidge.	thot in (my) (was) on the Location altimore Cou	pinion death occurred of 238. Date signed 222. We Baltimore (City, town, or county)	n the s
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the obove cause (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CAUSE OF THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21D. TIME (Month) (Doy) (Year) CAUSE OF INJURY (APPROX.) 22. I certify that (I) (this hospital that (I) (ma) lost saw the decease ond haur and fram the causes stote 23A SIGNATURE 23C. PHYSICIAN'S NAME (Type) CAUSE OF THE CONTRIBUTION (24B. DATE REMOVAL) Specify)	ony, giving stating the ONTRIBUTING TO THE T. DITION FOR MED 218, hometc. (Hour) 218, Wh Wo	WHICH OPERATION PLACE OF INJURY (e.g., integration of the property of the pro	20A. AUTOPSY? Jes or Jes or obout 21C. WHERE DID In or obout 121C. WHERE DID In or obout 181, INJURY OCCUR? 21F. HOW DID It is a series of the body after deot is a series of the body after d	thot in (my) (but) of h. Stoff Phys. 40 Eastern A. LOCATION altimore Course	pinion death occurred of 238. DATE/SIGNED 238. DATE/SIGNED # 2122/ Live. Baltimore (City, town, or county)	n the d



and

(Тур	e or Print) Peter Lukos			15, 1967
]	Solton Hill Nursing Home ULL NAME OF (If not in hospital or institution oddress or location) One of the second of the second of the second oddress or location oddres	on, give street	A. USUAL RESIDENCE (Where deceased lived, If ins B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RI Baltimore D. STREET ADDRESS (If rurol, give location) Bretton Place	
	fale White	ED, NEVER MARRIED WED, DIVORCED (specily) WILOWED	B. DATE OF BIRTH /873 9. AGE (In years lost birthday) ? ?? \$\frac{1}{\text{\$K\$}} 94	If Under 1 Yr. If Under 24 Months Doys Hours M
done	USUAL OCCUPATION (Give kind of work 10B, KIND of during most of working file, even if refired) Reserved.	etired	Greece 14. MOTHER'S MAIDEN NAME	UBA
15. V (Yes	Louis Inkos Wos Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or doles of service) NO	e) 1 6. SOCIAL SECURITY NO.	Athena Bonaros 17. INFORMANT Records: Bolton HIll Nursin	ADDRESS g Home
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e heart foilure, asthenia, etc. It means the disea injury or complication which caused death,)	(A) DNe	oumonitis	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, givinise to the obove couse (A) stoling to UNDERLYING CONDITION lost.	DUE TO		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE	eriosclerotic cerebro-vascul	sev. yrs.
¥	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY2 (Yes or No) 20B. IF YES, WERE FI IN CERTIFYING CAU in or obout 21C. WHERE DID (If in Boltimore liftice bidg., INJURY OCCUR?	NDINGS CONSIDERED SES OF DEATH? City, give exact locohon)
0		21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	

that (I) (this hospital) attended the deceased from... (we) lost sow the deceased alive and that in (our) opinion death accurred on the date ond hour ond from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATUR 23 B. DATE SIGNED Attending Phys. Med. Director Stoll Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS B. ELLSWORTH COOK M.D.

24A. BURIAL CREMATION, 24B. DATE

24C. REMOVAL (Specily) M.D. 24C. NAME of CEMETERY OF CREMATORY (Stote) 7/17/67 DEPT. Loudon Park
25B. NAME OF REGISTRAR

Company Burial Baltimore, Md. 25C. FUNERAL DIRECTOR Balt. Md. VS 150-REV, 1/1/65

3)99 entil stagesmåren op i vredjege regard 1 -7-17 7 ---

3-4/30 BIRTH NO.67

6864 MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH Registered No. 67	6864

M.	E. CASE NO.				
	NAME OF DECEASED		2. DATE A	ND HOUR PRONOUNCED DEA	D
	PEARL-	PEARL COLE GUILI	LOT Ju	ly 15, 1967	10:00 P.M.
FU	ISPITAL OR ADDRESS OR LOCALITY OF STREET	E AMENDED 7-21-67	A. USUAL RESIDENCE (When A. STATE Maryland C. CITY OR TOWN (If outs Baltimore D. STREET ADDRESS (If run	deceased lived, If institution: B, COUNTY ide carparate limits, write RURAI	
5. 5	SEX 6. RACE			vert Street	
LOA dan	Female White USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife FATHER'S NAME		B. DATE OF BIRTH 11/29/06 YII. BIRTHPLACE (State or fore Washington D. 14. MOTHER'S MAIDEN NAI	last birthday Mant 60	Ider I Yr. If Under 24 Hrs. hs. Days Haurs Min. TIZEN OF HAT COUNTRY?
3.5	Fred W. (Margaret	Wagner	FCC Wisc.
	WAS DECEASED EVER IN U.S. ARMED s, na arunknown) (If yes, give war ar date No		John R. Guillot Robert-Pumphre	, 5715 N. 57th S	t. Milwaukee
CERTIFICATION	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or camplication which caused of the mode o	dying e.g., in the disease, death.) S NNY, GIVING DUE TO TATING THE (C)	teriosclerotic (ardiovascular Di	sease
CERTIF	DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 198. CON WAS PERI	IDITION FOR WHICH OPERATION	20A, AUTOPSY? (Yes ar N	20 B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
_	21 A. EXTERNAL CAUSE WAS	218 PLACE OF INTURY (o.o.	in or about 21C. WHERE DID	(If in Baltimare City, give exac	Yes Yes
MEDICA	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year OF INJURY	hame, farm, factory, street, (etc.) 1) (Haur) 21E. INJURY OCCURRED	office bldg., INJURY OCCUR?		
	(APPROX.)	m. WHILE AT NOT	WHILE ORK		
	ITAME (Type)	r U. Spitz, M.D.	CHIEF MEDICAL E ASSISTANT MEDICAL E ASSOCIATE MEDICAL	EXAMINER X	DATE SIGNED 7/16/67
	MOVAL (Specify)	23C. NAME OF CEMETERY		City, town, Wiscor	
		7- 7-19-67 Valhalla	a Cemetery	Rockviite, Md.	0.20
24/	A. DATE REC'D BY HEALTH DEPT.	24B. NAME OF REGISTRAR	Wm. Cook-Bro		ADDRESS ce, Md. 21202

v.s. 153 7-21-67 M.H.

√7 €

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the descent and account of death.

OF	BALTIMORE CITY	Y HEALTH DEPARTMENT	CP 000F
BIRTH NO. M.E. CASE NO.	6865 CERTIFICA	TE OF DEATH Registered No.	67 6865
T. NAME OF DECEASED (Type or Print) YOUNG . SR	, AUGUSTUS	2. DATE AND HOUR OF DEATH	4-30A
3. PLACE OF DEATH IN BALTIMORE, MARY	LAND	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	stitution: residence before admis:
FULL NAME DF (If not in hospital or ADSPITAL OR address or location)	institution, give street	C. CITY OR TOWN (If butside city limits, write I	RURAL and give tawnship)
Lutheran Hospital	of Maryland	D. STREET ADDRESS (If rural, give location)	33-00
		106, Winters la	ne, 2/228
S. SEX 6. RACE COLORED	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	2 - 6 - 19/8 9. AGE (In years last birthde 51 yrs.	If Under 1 Yr. If Under 24 Months Doys Hours Mi
10A. USUAL OCCUPATION (Give kind of work) dane during most of working life, even if retired)		11. BIRTHPLACE (State or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
JANITOR 13. FATHERS NAME	UPLAND HOLMES	HOWARD CO. MD	. U.S.H.
		-	V
15. Was Deceased Ever in U. S. Armed Farce (Yes, na ar unknawn) (If yes, give war ar dates		17. INFORMANT	ADDRESS
tres, no or onknown/in yes, give war ar dales	of service) SECURITY NO. 214-05-2983	CLARUS VOUNC -	106 WINTERS
18. / 6 3 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRE		2	9
(This does not mean the made of a	lying, e.g., DUE TO	arcinoma lung	***************************************
hearl failure, asthenia, etc. It means I injury ar camplication which caused o		1/1	1
ANTECEDENT CAUSES	(B)	atastasis in Bleyn	2 mm/s
DISEASES OR CONDITIONS, if an		O CRt. hemiplegia)	10 day
rise Ia The abave cause (A) s UNDERLYING CONDITION last.	ilaling the (C)	nuwhienia	13 days.
DTHER SIGNIFICANT CONDITIONS CO	NTBIRLITING		
TO THE DEATH BUT NOT RELAT			
19A. DATE OF OPERATION 19B. COND	ITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B, PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in ar about 21C. WHERE DID (If in Baltimore affice bldg., INJURY OCCUR?	City, give exact lacation)
21D. TIME (Manth) (Day) (Year)	(Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi		
22. I certify that (I) (this hospital)	attended the deceased from	5 - 29 - 1967 10 7	17 - 19 6
that (1) (we) lost sow the deceased	alive on 7 - 17	19 <u>6 7</u> and that in(my) (aur) opi	nian death occurred on the
ond haur and from the causes state	djabove. (1) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE	hi M.D. At	tending Med. Staff	23B. DATE SIGNED
23C. PHYSICIAN'S	Ph.	23D. ADDRESS	7-17-67
NAME (Type) ANIL M	- JOSHI M.D.	Luinerum Floogural	mon - 21216
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE	REMATORY 24D. LOCATION (C)	ty, tawn, ar county) (Sto
BURIAL 7/20/1	SB. NAME OF REGISTRAR	TARCEM BALTIMO	RE CO. MD
JUL 18 1967	Robert E. Farleyma		3 0 30 BUESS M. W
VS 150-REV. 1/1/65	Howard C, Markey M	HERBERT E.	NUTTER
		Val.	

Mark of military of the first field of the Planks Gerenia Mariner 2-61916 II -The first of the control of the cont million and the state of the st Little was to p

BIRTH NO.	67	686	CERTIFICA	TE OF DEAT		67 6866
M.E. CASE NO.	EASED			2. DAT	E AND HOUR OF DEATH	
(Type or Print)	LENA M.	CLAYVI	LLE		7/14/67	1:00 PN
3. PLACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE	(Where deceased lived, If in OUNTY	stitution: residence before odmission)
FULL NAME O HOSPITAL OR INSTITUTION	F (If not in hospital oddress or location		give street	C. CITY OR TOWN	(If outside city limits, write	RURAL ond give township)
10	eyland Gene	RAL H	LOS PITAL	BALTIMO D. STREET ADDRESS	(If rurol, give location)	27-09
10				1361 PE	ENTWOOD RO	4D
5. SEX	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
FEMBLE	WHITE		PRRIED	3/23/13	54	
	JPATION (Give kind of work working life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	A STATE OF THE PARTY OF THE PAR	12. CITIZEN OF WHAT COUNTRY?
No		Housew	rife —	PRINCESS ANA	, MALY CAND	U.S.A.
13. FATHERS NAM	ΛE			14. MOTHER'S MAIDEN	NAME	
CHARLE	S CALLAWAY			EFFIE	Bowman	
5. Was Deceased Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			220-07-5172	Mr. Charles	W. Clayville	same address
18. 4	0.11		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIR	ECTLY	1	1 1	1.070	
	LEADING TO DEATH at meen the made of	dvina e.a	(A) /te	cute Inyocan	dial Infarcti	on 3 days
heort failure,	asthenia, etc. It means	the disease,				
	plication which caused ANTECEDENT CAUSES	deam./	(B) A	SCUD		- 17 to 19 to 19
	OR CONDITIONS, if		001			
rise to the	a bave cause (A) CONDITION last.		(C) (B)	Hemiplegia	2° to old str	oke
E TO THE DI		TED TO TH	G IE			
	OPERATION 198. CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING DATE OF Medicol exominer)	21B hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. WHERE D	ID (If in Boltimore R?	e City, give exoct locotion)
21D. TME	(Month) (Doy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	21 F. HOW DIE	NJURY OCCUR?	
APPROX.)		Wh	ile At Not While			
22. I cartify	that (1) (this bosnital		he deceased from		1067 40	JULY 14, 1967
that (I) (we)	last saw the decease	d alive on	. IIIV I	3 10 67	ad that in/mu) /aus\ ani	nian death occurred on the dat
			I) (We) (did) (did nat)	,		man death occurred on the date
23A. SIGNATU		4 4 4	(we) (ala) (ala har) (riew the body after de	arn.	23B. DATE SIGNED
	Ki-land	1 1/- 1/		ending Med.	Stoff	7/14/67
23C. PHYSICIA	N'S / COOLA	N 10	Phy	s. Director L 23D. ADDRESS	Phys.	1/14/9
NAME (T		000	Dan M.D.	Manel	1 60	Waget 1
24A. BURIAL CREA	MATION, 24B, DATE	124C. N	AME of CEMETERY OF CR	EMATORY 124	D. LOCATION IC	ity, town, or county) (State)
REMOVAL (S	Specify)	(9)		10000		
Remov	ral 7/15/6	-	Odd Fellow of REGISTRAR	Ceme tery	E-PATE Y	ADDRESS
	F2222 4	P. Pro	A 7 A	14/10	07:1	Sond North - Paler
/S 150-REV. 1/1/6		Under	D. C. Marken	Juliani	* Luciener 4	NOW HOUSE FIGURE
					17	

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TEND CLAMAITLE

MUNICIPAL SCREEKS HOSPITHL

FLORING WHITE

CHARLES CALLMANY

1/14/10/

MARKYLAND

BALTIMORE

/361 REVIOUS ROAD

3/23/13

PRINCESS AND, MARYCAND

EFFIE ?

Acute Againstul Interesting 3 days

ASCUP

1 Memiplegia 2" to old stroke

242y 18, MLY 13, 67

Richard H. Park

RICHARD IL BARD

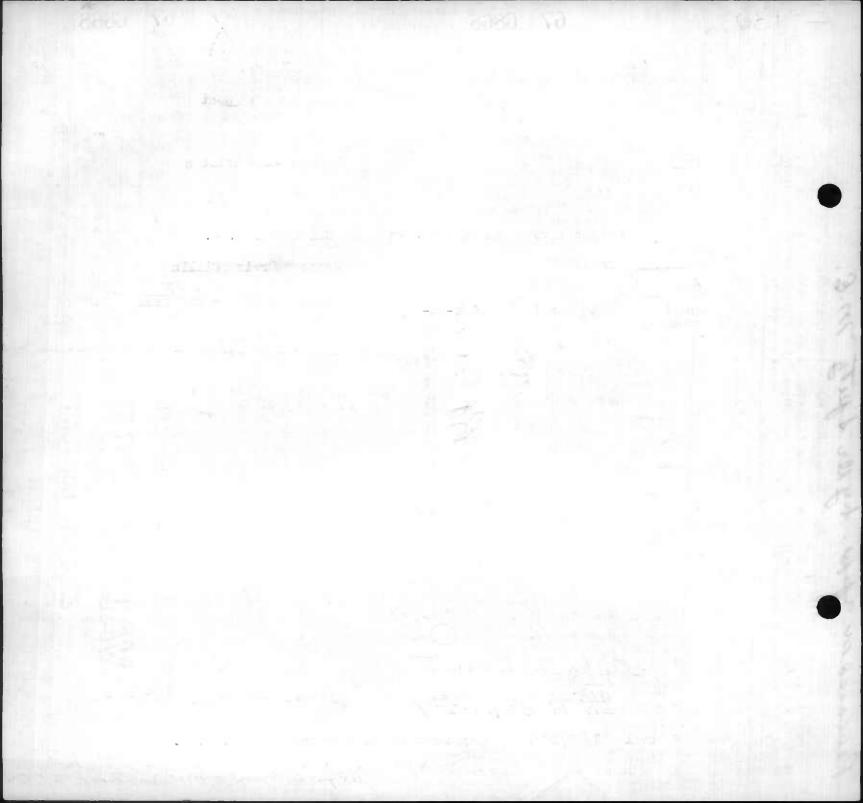
Maryland General Hespetal

VS 150-REV. 1/1/65

(Type or	OF DECEASED				AND HOUR OF DEAT	
	Lillian	Me	Forrest	July	11, 1967	1:30 p
FULL HOSPI	NAME OF (If not in hospite oddress or locolitation)	of institution,	give street	New York	INTY	institution: residence before c
0	0 327 North 6	harles :	Street	Garden City D. STREET ADDRESS	f rural, give location)	1-2
				685 4th Plac		
5. SEX Fema		WIDOWE	NEVER MARRIED D. DIVORCED (specify) lowed	Aug. 24, 1876	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Doys Hours
done duri	IAL OCCUPATION (Give kind of wo ing most of working life, even if retired Lred - School Tea)	F BUSINESS OR INDUSTR	Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATH	Peter	son		14. MOTHER'S MAIDEN N	AME	
15. Wos	Deceased Ever in U. S. Armed For unknown) Iff yes, give war or do	orces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.			212-24-7604	Mrs. Arthur Ha	alan asma	addmaga
1B.		9		OF DEATH	STEL Same	INTERVAL BETW
	DISEASE OF CONDITION DEATH		(A)	Coronary Occlus	ion	Immediately
heo	is does not meon the mode of oil foilure, osthenio, etc. It meon my or complication which couse	is the disease	, DUE TO		**************************************	About
	ANTECEDENT CAUSI	ony, giving	DUE TO	pertensive card	Inascatat (araerae a re
UN	EASES OR CONDITIONS, if to the obove couse (A DERLYING CONDITION lost.	ony, giving) sloting the	DUE TO (C)	Advanced age	IOVASCULAR (alsease 7 1.
NO OTH TO DIS	EASES OR CONDITIONS, if to the obove couse (A DERLYING CONDITION lost. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING DATE OF OPERATION 198. CC	Ony, giving the CONTRIBUTING LATED TO THE	DUE TO (C)	Advanced age	Nol 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION OLY	EASES OR CONDITIONS, if to the obove couse (A DERLYING CONDITION lost. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING DATE OF OPERATION 198. CC	ONY, giving Stoting the CONTRIBUTIN LATED TO THE STIT. ONDITION FOR ERFORMED	DUE TO (C) IG 4E WHICH OPERATION 3. PLACE OF INJURY le.g., form, foctory, street,	Advanced age	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED
AEDICAL CERTIFIC ATION OLD STORY OF THE CALL OLD OLD OLD OLD OLD OLD OLD OLD OLD O	EASES OR CONDITIONS, if lo the obove couse (A DERLYING CONDITION lost. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING ODATE OF OPERATION 198. CC WAS PI ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF	CONTRIBUTIN LATED TO THE STATE OF THE STATE	DUE TO (C) IG AE WHICH OPERATION B. PLACE OF INJURY leag, ne, form, factory, street, INJURY OCCURRED hile AI Not W	Advanced age 20A. AUTOPSY? IYes or NO , in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	No) 20B, IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NO TO	EASES OR CONDITIONS, if to the obove couse (A DERLYING CONDITION lost. HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RESEASE OR CONDITION CAUSING WAS PICTURED TO THE CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING (Month) (Day) (Yeo INJURY PROX.)	CONTRIBUTIN LATED TO THE STATE OF THE STATE	DUE TO (C) (C) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY le.g., ne, form, foctory, street, le.g., le.g	20A. AUTOPSY? IYes or NO , in or obout 21C. WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID II	Not 208, IF YES, WER IN CERTIFYING CHIEF IN Boltom	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
WOOLD OF STANDARD	EASES OR CONDITIONS, if lo the obove couse (A DERLYING CONDITION lost. HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RESEASE OR CONDITION CAUSING CONTRIBUTING COUSE OF LIMIT CONTRIBUTING CONTRIBUTION (Month) (Doy) (Yeo INJURY PROX.)	CONTRIBUTIN LATED TO THE IT. DIT. DIT. DIT. DIT. DIT. DIT. DIT. D	DUE TO (C) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY leag, rep., form, foctory, street, or investigation of the property of the deceased from St. June 29	Advanced age 20A. AUTOPSY? IYes or NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID II hile the presenter 19 67 and	Not 208. IF YES, WER IN CERTIFYING COUR?	E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exact location)
OTH TO THE PROPERTY OF THE PRO	EASES OR CONDITIONS, if lo the obove couse (A DERLYING CONDITION lost. HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RESEASE OR CONDITION CAUSEOF WAS PICTURED TO THE DEATH OF OPERATION 198. COWAS PICTURED TO THE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF CONTRIBUTING CONTRIBUTION (Month) (Day) (Yeally the Contribution of Contribution Co	CONTRIBUTIN LATED TO THE IT. DIT. DIT. DIT. DIT. DIT. DIT. DIT. D	DUE TO (C) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY leag, respectively. Street, and the control of the control of the control of the deceased from Street, and the deceased from Street, and the control of the contro	20A. AUTOPSY? IYes or NO , in or obout 21C. WHERE DID office bldg, INJURY OCCUR? 21F. HOW DID II hite ptember 19 67 and view the bady after death when the bady after death of the bady of the bady of the bady by the bady of the bady by the bady of the bady of the bady by the bady of the bady of the bady by the bady of the bady of the bady by the bady of the bady	Not 208. IF YES, WER IN CERTIFYING COUR?	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location)
OTH TO THE PROPERTY OF THE PRO	EASES OR CONDITIONS, if to the obove couse (A DERLYING CONDITION lost. II HER SIGNIFICANT CONDITIONS THE DEATH BUT NOT RE SEASE OR CONDITION CAUSING ODATE OF OPERATION 198. CO WAS PI . ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF VITH Inotify medicol exominet TIME (Month) (Doy) (Yeo INJURY PROX.) I certify that (1) (this hospit t (1) (we) last saw the decea haur and fram the causes st SIGNATURE . PHYSICIAN'S NAME IType)	CONTRIBUTIN LATED TO THE IT. DIT. DIT. DIT. DIT. DIT. DIT. DIT. D	DUE TO (C) (G) (G) (G) (HE WHICH OPERATION B. PLACE OF INJURY leag, respectively. Street, and the control of the control of the control of the deceased from Street, and the deceased from Street, and the control of the contro	20A. AUTOPSY? IYes or NO., in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID II hile ht Property of the body offer death of the body of the bod	No) 20B. IF YES, WER IN CERTIFYING CO. III in Boltim NJURY OCCUR? 1954 ta Tul. that in (my) (aur) a	E FINDINGS CONSIDERED CAUSES OF DEATH? ore City, give exact location) y 11 19 pinlan death accurred an

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E	-435		rh no.		67	6868	2		H DEPARTMEN	\/	67 68	868
	and eath ased the Such	M.E	L CASE NO.	SED			CEKTIFI	CAIL	OF DEATI	E, AND HOUR OF DEAT		. 19
	- 9 B C	(Тур	be or Print)	LLIOT	T, CHI	ETWO	01)		7/	14/67	1/	PM.
	++0 -	3. F	PLACE OF DEATH		1			A. STA	TE B, C	Where deceased lived, If	institution: reside	
		H	FULL NAME OF HOSPITAL OR NSTITUTION		n hospital or in or location)	nstitution, give	street		MARYLA Y OR TOWN	(1) Kent If outside city limits, wiit	e RURAL and giv	e township)
	ca ca	'	JOHNS	HOP	KINIS,	HOSPI	TAL		PHIZSTICI REET ADDRESS	(If jurol, give location)	64	-00
	T		33						Country C	lub Estates		
•	contribut contribut etermined n regular n regular	5. S	M	RACE	×	MAR		(y) /	0/9/94	9. AGE (In years lost birthday)	Months Doy	If Under 24 Hrs. S Hours Min.
	or condetents in redeter		USUAL OCCUP. e during most of wor RIETIR	rking life, even	if retired)		Isiness or indi		THPLACE (Stote or	th, N. J.	12. CITIZEN WHAT C	COUNTRY?
	de as	13.	FATHERS NAME			1,000		14. MC	THER'S MAIDEN	NAME		ETERNA
COL	- F			1 Ethl						Orvis Pilli		
AN	istant the di kind; death ce on nal di	(Yes	Was Deceased Exs, no or unknown) (1	f yes, give w	vor or dotes of	f service)	SOCIAL NO.	17. INF	JULIA	H. 675.		JAMIE
2 %	f t t	-3	les	World	War I		66-01-99	SE OF DEAT			INTE	RVAL BETWEEN
MPORTAN	Also, if of any ounced outled or f			OR CONDI	TION DIREC	TLY		2 4 45		0 7 7 7	ОИЗ	SET AND DEATH
Tus	0 4 5 5 5 1		(This does not heart failure, as	mean the	mode of dy	ing, e.g.,	THE THE T	0	IAC AR	16/27/		
LECTOR:	iner actu pro pro ular mba		injury or compl	icalian whic	h caused de	alh.)		Rapi	URIED A	+BDOMINAL	1	Ohrs.
15	A fr		DISEASES OR	CONDITIO		oivino C	BUE T	° A	NIEURYS	M		
RE	exc exc (3) n in in		rise to the UNDERLYING	abave car	use (A) sto		(E)					
20	lica cal ns; icia icia			- 11			1 E					
NERAL	medi bur bhys an w	ATION	TO THE DEADISEASE OR CO	ONDITION C	NOT RELATED AUSING IT.	D TO THE	J.					
300	chief Body the pysicie	ERTIFIC	7/16		198. CONDITI WAS PERFOR	MED Ru	ICH OPERATION PTURIZD CURYSM	20 A	NO NO	IN CERTIFYING	RE FINDINGS CO CAUSES OF DEA	N SI DERED TH?
FU	y the ital by e; (2) here No ph befor	AL CE	OR CONTRIBUTE	NG CAUS	RLYING T	218. PL	ACE OF INJURY	le.g., in or abo eet, affice bld	g., INJURY OCCU	ID (If in Boltin	nore City, give ex	oct location)
R	9 9 7 2 9	MEDIC	21 D. TIME (Month) (Do)	y) (Yeor) (H		JURY OCCURRE		21F. HOW DID	INJURY OCCUR?	77	1
R	e hos natu cept nd (6)	2	(APPROX)			While	At At	Work Work	/		1, 1	
4	any (ex , ar		22. I certify th					, /	61	19to	7/16/6	Z19
1	be a to and to train ath) at be		ond hour ond f						e body after de	d that in (my) (our) a	shimon death o	corred on the date
6	sed sent spirt lea ust		23A. SIGNATURE	11	4	10	- /				238, DATE SI	GNED
8	ccid ccid a ho to o		(tupl	un A	1. Der	met M.D	Attending Phys.	Med. Director	Stoff Phys.	7/1	6/67.
160	was re An ac A. at a prior		23C. PHYSICIAN NAME (Typ	s HA	RUBY	BRNI	STER	23 D. AD	LOHNS	HOPKINS	HOSPITI	46.
3	E	244	A. BURIAL CREM.	ATION, 24B.	DATE	24C. NAM	E of CEMETERY	OF CREMATO	RY 24	D. LOCATION	(City, town, or co	untyl (Stotel
9	ws: (ws: (bod)		Re mova	al 7/	20/1967		reenwood			Rye, N. Y.		
6	This of the bashow was decen	254	A. DATE REC'D B	UL 18	1967	B. NAME OF	Talley P		FUNERAL DIRECTOR	mass 1 + Ros	s north	to, mod.
		VS	150-REV 1/1/65					1//	4.100	TWO FAIR	hom	11.0.00



BIRTH NO. 67 686	(C)	TE OF DEATH	Registered No.	6869
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AN	ID HOUR OF DEATH	16'20
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	EILICH	, , , , , , , , , , , , , , , , , , ,	13-67	stitution; residence before admission)
		A, STATE 8. COUN	ITY	Sillolidik lesigence beddie danssign/
FULL NAME OF (If not in hospital or institution, Address or lacotion) INSTITUTION		1.0	tside city limits, write R	URAL and give township)
44.		BALTO.		12-06
UNION MEMORIAL A	toSP.		rural, give location) AUL ST.	
), NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Haurs: Min.
t wi wi	idow	1-15-88	lost birthdoy)	Tradition of the state of the s
USUAL OCCUPATION (Give kind of work 108, KIND Of eduring most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	4sewife	Maryland		4519
Robert B. Mc MANY		4. MOTHER'S MAIDEN NA.		
5. Was Deceased Ever in U. S. Armed Farces?		MAUDE M		ADDRESS
(Yes, no or unknown) (If yes, give war ar dates of service)	SECURITY NO. 218-18-9948	(SON) 6-00, LI	Filich	GOOWORCESTER RO
18. 44 4 / 4	AUSE OF		(INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	V	. (1 10	1	ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying, e.g.	, DUE TO	refused to	one	
heart failure, asthenia, etc. It means the disease injury or camplication which caused death.)		aneursm		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, it any, giving	4	BCVD		
rise la lhe abave cause (A) slaling lhe UNDERLYING CONDITION last.	(C)			O (
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	NG HE		D	lanul Jemen M.
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	((f in Boltimare	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	me, form, factory, street, affi	ce bidg., INJURY OCCUR?		
-	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
	hile At Nat While At Wark			
22. I certify that (I) (this hospital) attended	the deceased from	5414 C	19 67 to J	4/4 13 19 67
that (1) (we) lost saw the deceased alive on	74/ × 13	3 19 <u>67</u> ond th	at in(my) (aur) opi	nian deoth accurred on the date
and hour and fram the causes stated above.	(I) (We) (did) (did-not) vi	ew the body after death.		
23A. SIGNATURE	M.D. Atten	ding Med.	Stoff	23B. DATE SIGNED
Arcusta Jakmisan	Phys.	Director Director	Phys.	1-15-61
PRANK PALMISAN FRANK PALMISAN		THE UNION ME	MUBIAI HO	SPITAL
	AME of CEMETERY OF CREA			by, town, or county) (State)
	rlington Nation			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL 18 1967 12 0	8 2 Falluna	Wmh lich	neat &	no mother my
/S 150-REV, 1/1/65		7		

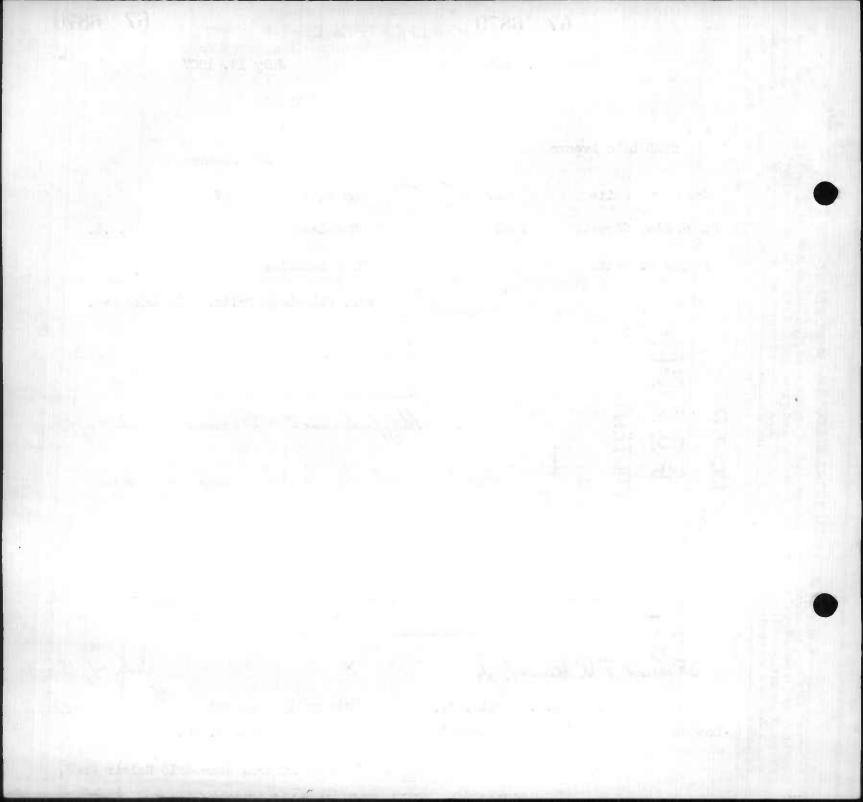
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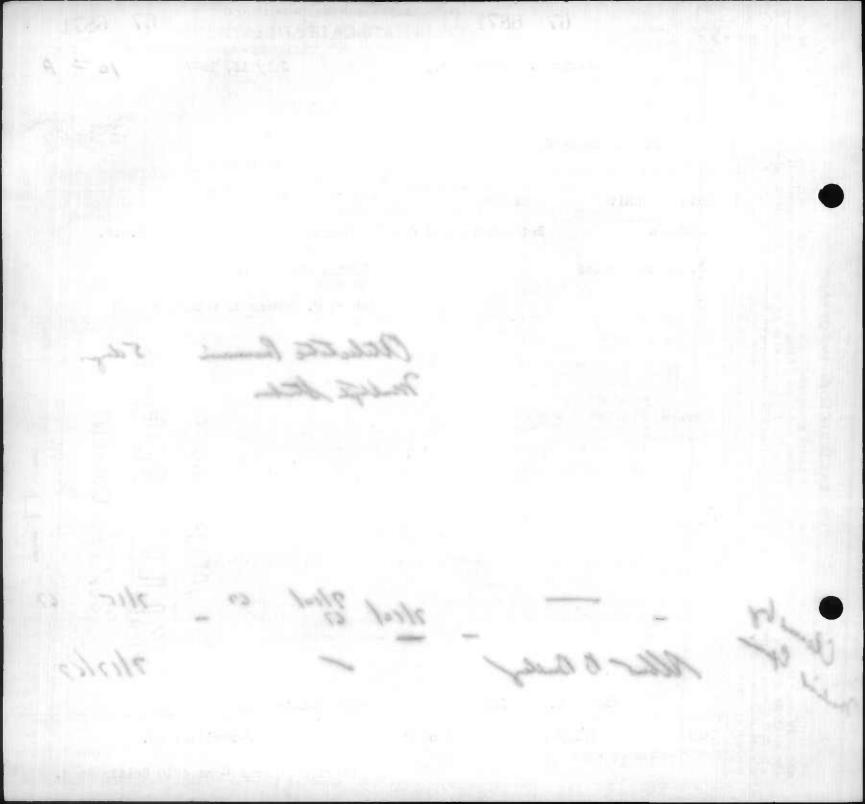
	07	6870 CERTIFICA	ATE OF DEATH Registered N	6. 6/ 68/0
1. NAME OF DECE (Type or Print)		I. Peltz	2. DATE AND HOUR OF DEA July 14, 1967	ТН
3. PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: lesidence bafale a
FULL NAME OF	F (If not in hospital address at location	ar institution, give sheet	Maryland	
INSTITUTION	Control of Tocolina		C. CITY OR TOWN (If outside city limits, wr Baltimore	ite RURAL and give town hip)
00 2218	Lake Avenue		D. STREET ADDRESS (If iuiol, give location)	0.0
		7	2218 Lake Avenue	
Male	White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	May 8, 1900 9. AGE (In years last birthday) 67	If Under 1 Yr. If Undo Months Days Hours
	vorking life, even if retired)	Food	RY 11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	1 E		14. MOTHER'S MAIDEN NAME	
William C.	Peltz		Mary Sudmeier	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armad Fare	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No			Mrs. Elizabeth Peltz, 22	18 Lake Ave.
18. 4	2./ 1		OF DEATH	INTERVAL BETW
	E OR CONDITION DIR	M.	1.01. L. T	/ -
(This does no	ol meon the mode of	dying, e.g., DUE TO	ocardial supercuari	41
	osthenio, etc. Il meons	the diseose,		
mory or com	plicotion which coused	deolh.)	0 7.11 - 6	
	ANTECEDENT CAUSES	deolh.) (B) Alls DUE TO	ocardiel 3 eferction	2
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258 NAME OF REGISTRAR
Polyelo E. Farberta

Ullrich Funeral Home 4210 Belair Road,



0107		67	687		HEALTH DEPARTMENT	Registered No.	67 6871
M.E	H NO.			CERTIFICA	TE OF DEATH		
	AME OF DE		F. Scho	me, Sr.,		y 15, 1967	1000 A
3. 1	LACE OF DE	ATH IN BALTIMORE, MA		,	4. USUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: rosidonco before admission)
	TULL NAME (OSPITAL OR NSTITUTION			give street	Maryland c. city or fown (16 or Baltimore		RURAL and give township)
	462	26 Belair Road	1,			rurol, give location)	91-01
0	0				4626 Belai	ir Road	
s. s	ale	%. RACE		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH August 21, 188;	9. AGE (In years lost birthdoy) 2 84	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A	USUAL OCC		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
0011	Firemar		Bethleh	em Steel Co.	Maryland		U.S.A.
13.	FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
	J. Harn	nan Schone			Louise Hofster	tter	
1S.	Wos Decease	d Ever in U. S. Armod For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	, , , , , , , , , , , , , , , , , , ,		SECONIT NO.	Robert P. Schor	ne 4626 Bela	ir Road
	1B. 2 =	4 XI		CAUSE O			INTERVAL BETWEEN
	DISEA	SE OR CONDITION DE	RECTLY		1-1-0		ONSET AND DEATH
	(This does	LEADING TO DEATH	duine ne	(A) (A)	relichté (n	eumonii.	I day
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	injury or co	mplication which coused		(B) Mu	telectotic Pu	3	
	DICEACEC	ANTECEDENT CAUSES		DUE TO			· 0000000m
	rise fo II	OR CONDITIONS, if ne obove couse (A) IG CONDITION Iosi.		(C)		00000000000000-	
ATION	TO THE	II NIFICANT CONDITIONS OF THE PROPERTY OF THE	ATED TO TH				
ERTIFICA			DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yos or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
CAL CE	OR CONTRIB	ENT WAS UNDERLYING CAUSE OF y modical examined	218 hom otc.	no, form, loctory, street, o	n or obout 21 C. WHERE DID lifico bidg., INJURY OCCUR?	(If in Boltimor	e City, givo exoct locotion)
MEDI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
2	(APPROX.)		Wh	ile At Not Whit			
	22. I certif	y that (1) (the hospita	t) attended t	he deceased from	17/10/	1967 to	2/15 1962
	that (I) (we) lost saw the decease	ed alive on	7/10	1967 ond th	not in (my) (our) op	inion death accurred on the dat
	23A. SIGNAT		ted obove. (I) (We) (did) (didense) v	view the body after death.		23 B. DATE SIGNED /
	M	but & Du	sley	Phy		Stoff Phys.	7/17/12
	NAME (Bradle		4900 Belair R	hsol	
-	REMOVAL Urial	(Specify) 248. DATE 7/18/6		Moreland Park	EMATORY 24D. L		ity, town, or county) (State)
	DATE REG	UL 18 1967 G		OF REGISTRAR	2SC. FUNERAL DIRECTO	R	ADDRESS 10 Belair Road.
L-	1 SO-REV. 1/1	/65			ording a mile	Tal Onle 42	TO DETAIL MONG.



		BALTIMORE CITY	HEALTH DEPARTMENT	CP COPD				
	BIRTH NO. 67 68	CERTIFICA	TE OF DEATH Registered	No. 67 6872				
	M.E. CASE NO. 1. NAME OF DECEASED		2, DATE AND HOUR OF D	EATH CLO				
	(Type or Print) RACE R	OEMER	7-13	-1967 5 Am.				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	I. If institution: tesidence before admission)				
	FULL NAME OF (If not in hospital or institut		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)				
	MONTEBELLO ST	ATE HOSP	BALTIMARIE	white RORAL and give ownship				
1	I TON TEBELLO M	2	D. STREET ADDRESS (If rural, give location					
9	13HLT0 11			TON AVE				
is made	FEMALL WHITE WI	RIED, NEVER MARRIED DWED, DIVORCED (specify) DOWED	B. DATE OF BIRTH 9. AGE (In years lost birthday) MAY 10-1904 63	Months Days Hours Min.				
	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
disposition	AT HOME	•	1716. Y	USA				
pos								
dis	OSCAR MELI 15. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	JOSEPHINE GION	2 D/AND ADDRESS				
tinal	(Yes, no or unknown) (If yes, give wor or dates of serv	SECURITY NO.						
	11B. 4 5	CAUSE 0	ROBT. W. GAVER 4	304 GREENHILL INTERVAL BETWEEN				
0	DISEASE OR CONDITION DIRECTLY	^	- 0	ONSET AND DEATH				
Hec	LEADING TO DEATH	- (A) Larc	LINOMA OF COLON	1 10 NOS.				
Dal	(This does not mean the made of dying, heart failule, asthenia, etc. It means the disc injuly at camplication which coused death.)							
embalmed	ANTECEDENT CAUSES	(B)						
9	DISEASES OR CONDITIONS, if any, gi	DUE TO iving						
0	rise to the obove cause (A) stating UNDERLYING CONDITION lost.	the (C)						
remains								
Геп	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING THE						
the	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE FINDINGS CONSIDERED				
e +	19A. DATE OF OPERATION WAS PERFORMED		NO	G CAUSES OF DEATH?				
betore	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., i hame, form, foctory, street, o etc.)	n or obout 21 d. WHERE DID (If in Bo	oltimore City, give exact location)				
	Q 21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
ained	(APPROX)	While At Work Not While At Work						
opt	22. I certify that M (this hospital) attended the deceased from 3-27 19 67 to 7-5 1967.							
pe		that M (we) last saw the deceased alive an 7-15 19 6 7 and that in (my) (aur) opinion death accurred an the date						
must	and hour and fram the causes stated obay	ve. (We) (did) (did not)	riew the bady after death.	23 B. DATE SIGNED				
E	Quaring of Coon	OA TOTAM.D. AH	ending Med. Stoff Phys.	7-15-67				
N 0	23C. PHYSICIAN'S	Service Phy	23D. ADDRESS	7-73-67				
pprov	NAME (Type)	DERCTE IN M.D.	MONTEBELLO HO	SPITAL RAGO, MD				
0	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stole)				
written	BURIAL 7/18/67	HOZY CROSS	BROOKLYN 25C. FUNERAL DIRECTOR	v mo				
rit	25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS				
\$	JUL 18 1967 R.C	ent E. Tanker Mill	ULLRICH FUNERA	L Home -4210 BELAIN				
	V\$ 150-REV. 1/1/65							

SALTE TABLE Swang I Cooperation There reserve Hospitter to

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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	BALTIMORE CIT	Y HEALTH DEPARTMENT		0m 00m	0
RTH NO. 67 6	873 CERTIFICA	TE OF DEATH	Registered Na	67. 687.	3
A.E. CASE NO. , NAME OF DECEASED			D HOUR OF DEATH		
Type or Print)	VP T	7/15/	167	255	^
PLACE OF DEATH IN BALTIMORE MARYLAND	Kharl	4. USUAL RESIDENCE (Where A. STATE B. COUNT	e deceosed lived. If in:	stitution: residence before or	imission)
FULL NAME OF (If not in hospital or institut	ion, give street	md			
HOSPITAL OR oddress or tocotion)			side city limits, write R	RUPAL and give township)	2
an Bar Wil-Ba For	Wasescent Home	D. STREET ADDRESS (If it	rurot, give location)	8 0 2	
70		1 10 1 (fayette Au	ه.	
	HED, NEVER MARRIED		9. AGE (In years	tf Under 1 Yr. tf Under Months: Doys Hours	24 Hrs. Min.
Male Negro	wed, divorced (specify)	11/22/1865	ast birthdoy)	Monms Doys Hours	Willia.
OA, USUAL OCCUPATION (Give kind of work 10 B, KIN) one during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?	
LABOR-MISSIONARY		South Car	rolina	USA	
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E		
Daniel Bookhan	T		napoo		
5. Was Deceased Ever in U. S. Armed Forces? 'es,no or unknown! (If yes, give wor or dates of servi		17. INFORMANT		ADDRESS	
SU	215-34-8284	Veundo	+		
18.4-43XI	CAUSE	OF DEATH		ONSET AND DE	
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	11	stanciera actas	. acalantia		
(This does not meen the mode of dying,		extensive arter	10361610111	F	
heort foilure, ostherio, etc. It meons the dise injury or complication which coused death.)	ose,	100			
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if ony, gi	al.				
UNDERLYING CONDITION lost.	The (C)	9999 AN BB BB AR B AR B AR B B B AR B B B B B B			,
, II					
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	ITING THE				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED	
WAS PERFORMED		Na	IN CERTIFYING CAL	JSES OF DEATH?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)		(If in Battimore	City, give exact location)	
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		-
(APPROX)	While At Not Whi				
22. I certify that (I) (this hospital) attend	ed the deceased from	-13,-	967 107-	15-190	67.
that (1) (we) lost saw the deceased olive	on 7-12-		at in(my) (aur) apid	nlan death occurred on	the dote
ond hour and from the causes stated obav	e. (1) (We) (did) (did not)	view the body after deoth.			
23A. SIGNATURE		- in - Not -	21-12	23B, DATE SIGNED	
CR Campbell	M.D. At	ys. Director	Stoff Phys.	7-15-67	
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	Λ 📆	1.	11.
4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CI	1618 W. North	tve & So	eltimore /	(Stote)
REMOVAL (Specify)	En / +	yn Po		y, lowing of country)	(JIOTE)
5A. DATE REC'D BY HEALTH DEPT. 1 4258, MAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Unlin	ADDRESS	4
111 66 1061 0.0	8 8 Fallman	2410	5/16	1/398	Elyp
S 150-REV. 1/1/65		of the same	ancisc		B

Repetentive artenoseleutus

N

- sel 12 - 21-1

C.R. Campbell

Ibis W. North Ave. Beltmare 1

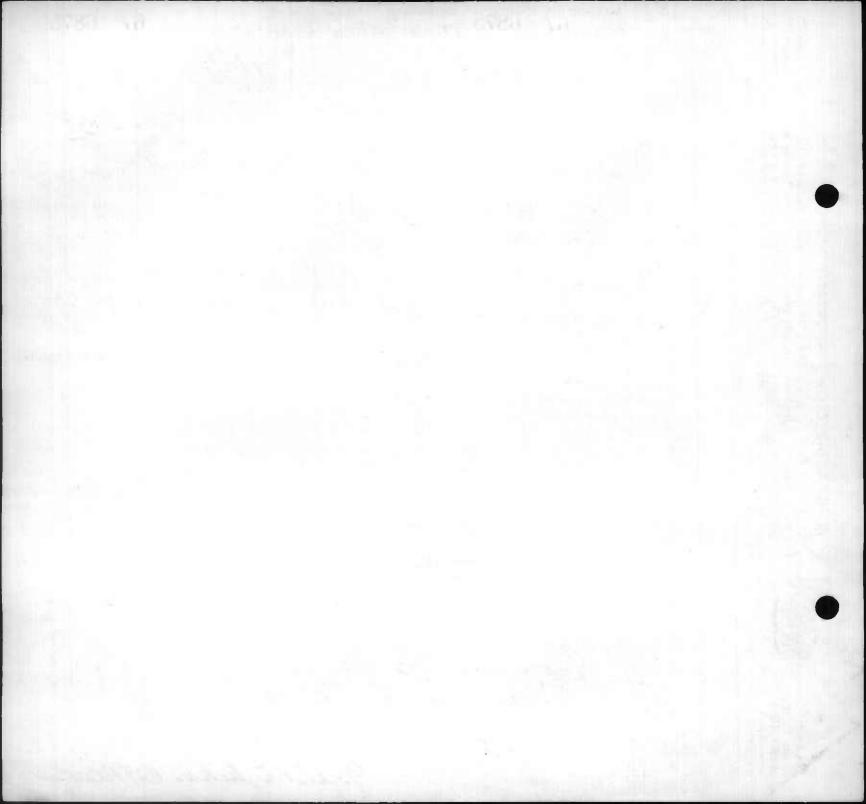
67 6874 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDICAL E	XAMINER'S C	ERTIFICATE (OF DEATH Register	ed No. 67 6874
M.E. CASE NO.					
1. NAME OF DECEASED		MARYLAND	J	uly 15, 1967	11:20 A.
3. PLACE IN BALTIMORE	MARYLAND, WHERE PRONC	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, If instit	ution: residence before admission)
FULL NAME OF (IF I HOSPITAL OR ADI	OT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland	f autside corparate limits, write	
()()			Baltimore		-0)
Pennsylvan Monument S	ia Rail Road Br	idge	D. STREET ADDRESS 1521 N. C	(If rurol, give lacotion) hapfe Street	
5. SEX 6. RACE	7. MARRIE	, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
Male Ne	gro Mo	DIVORCED(specify)	Dec 22 /	898 lost birthdays	Months Doys Hours Min.
done during most of working lif	(Give kind of work 10B. KIND e, even if retired)	OF BUSINESS OR INDUSTRY	Lock	gr foreign country) By My N.C.	12. CITIZEN OF WHAT COUNTRY?
13. FATVER'S NAME	morulans		MAL	PAME	
	IN U.S. ARMED FORCES?	16. SO CIAL	17. INFORMANT	11	ADDRESS
Tes, 90 of unknown, ut yes,	give wor and dotes of service)	SECURITY NO.	Daisey	Hungan 102,	melton are
18. × × 0 0	X	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	ONDITION DIRECTLY				ONSET AND DEATH
(This does not mean	NG TO DEATH the mode of dying, e.g.	DUE TO	ciple Injurie	S	
heart failure, asthenia	, etc. It means the disease which coused death.)	, , , , , , , , , , , , , , , , , , , ,			
ANTECE	DENT CAUSES				
DISEASES OR CON	DITIONS, IF ANY, GIVING	(B)			0 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CON	E CAUSE (A) STATING THE IDITION LAST.				
8		(C)			
	II T CONDITIONS CONTRIBUT BUT NOT RELATED TO				
19A, DATE OF OPERAT	ION 198. CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FIN	
02	WAS PERFORMED		Yes	IN CERTIFYING CAUS	es of DEATH? Yes
O UNDERLYING TOR CO	NTRIB-	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID fif in Boltimare City, giv	
UTING LAUSE OF D		ail Road Track		ument and Kresso	n Streets
21D TIME (Month)	(Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	0111
(APPROX.) July	15, '67 A. m.	WHILE AT NOT AT W	WHILE X subj	ect struck by tr	cain Rolf
22. I certify that	I held on Inquiry	Inspection Aut	tapsy X and that	on this basis, death In m	y apinlon
resulted from	n: Natural causes	Accident X Suicid	e Homicide	Undetermined manner	
	1.11.		CHIEF MEDIC	AL EXAMINER	DATE SIGNED
SIGNATURE	11/2mg/2	7 -2 CMA	ASSISTANT MEDIC	AL EXAMINERXX	DATE SIGNED
EXAMINER'S (NAME (Type)	Werner U. Spi	tz, M.D.	ASSOCIATE MEDIC	AL EXAMINER	7/16/67
23A, BURIAL CREMATION REMOVAL (Specify)	, 23B. DATE	3C. NAME OF CEMETERY	CREMATORY	23D. LOCATION (City,	town, or county) (State)
Buryal	July 18 /67	my Calm	of Cem.	a.a. Coun	ty Md
24A. DATE REC'D BY HEA	TO 1987 DO	A O ZA	Milton	f flibar	ADDRESS
VS 151-REV. 1/1/65	V 869 D	O. E. STOWNIA	Vipulen	4. Curren	1/27/1/carried
/	007.00				

18981 -L- 1898 Massied. Rocky M. n. C. Retired John meryland July 167 met Carried Com a Ca Chanky Mist

FUNERAL DIRECTOR: IMPORTANT	0
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	> -
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	d
written approval must be obtained before the remains are embalmed or final disposition is made.)(

- 11			ICATE	OF DEATH	Registered No.	67	6875
	1. N	CASE NO. AME OF DECEASED		2. DATE	AND HOUR OF DEATH	+ -	1 41
- 11	•	ACE OF DEATH IN BALTIMORE, MARYLAND		Usual Beel Prince (W)	7/18/67	a1 2	H, 111. M.
	3. P	ACE OF DEATH IN BALLIMORE, MARTLAND		STATE B. COL	nere deceased lived. If in	stitution: residen	ice before odmission)
	F	JLL NAME OF (If nat in haspital ar institution, give street OSPITAL OR oddress or location)			nd	2110 4 2 1 1	
	- 11	ISTITUTION	C.	62 19	petside city limits, write l	CURAN and give	O4
1	7	02016 N. Wolfe St	D.		If rural, give lacation)	8	
1				2016 N.	Wolfe	54	
	5, SI	A 6, RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specie		ATE OF BIRTH	9. AGE (In years	If Under 1 Ye Manths Days	. If Under 24 Hrs.
	1	The Negro Married		3/17/10	57		
		USUAL OCCUPATION (Gire kind of work 10B, KIND OF BUSINESS OR IND	USTRY 11.	BIRTHPLACE (State or fo	reign country	12. CITIZEN (OF OUNTRY?
	X	abover umerican Sugar Ky	hereay	worth a	wolina	U	· S .
	r3. F	ATHERS NAME	14.	MOTHER'S MAIDEN N	AME /		
		Frank Gray		Lula	Olema	n.	
		/as Deceosed Ever in U. S. Armed Forces? 16. SOCIAL no or unknawn (If yes, give wor or dates of service) SECURITY NO.	17. 1	NFORMANT		ADD	RESS
		237-12-3	327	Wije	2616 N	. woy	est
		IB. / S O X I CAU	JSE OF DE	ATH			RVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	00			
		(This does not mean the made of dying, e.g., DUET	Jern	ninal Carg	woma of	Hpp	nox) gent
3		heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		esof	mas.		,
		ANTECEDENT CAUSES (B)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		DISEASES OR CONDITIONS, if any, giving					
		rise to the above cause (A) stating the (C) UNDERLYING CONDITION last.		***************************************			
		11					
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
		DISEASE OR CONDITION CAUSING IT.		20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	EINDINGS COA	ISIDERED
	ERTIFIC	WAS PERFORMED	1	MO.	IN CERTIFYING CA		
	CER	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF home, form, factory, str	(e.g., in or	obout 21 C. WHERE DID	(If in Battimore	City, give exo	ct location)
	<	OR CONTRIBUTING CAUSE OF home, form, factory, str DEATH (notify medical examiner)	eet, office	bidg., INJURY OCCUR?			
3		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	D	21F. HOW DID II	NJURY OCCUR?		
	5		Work				
5		22. I certify that (I) (this haspital) attended the deceased from		August	1966 to	17th Tu	le 1067
			a / . prom	4 -	that In (my) (our) opi	nion deoth oc	curred on the date
		and hour and from the couses stated above. (1) (We) (did) (did	/				
		ZA. SIGNATURE	Τ			23 B. DATE SIG	SNED / 7
		Thun Thompson M.D	Attending	Med. Director	Staff Phys.	1/1	18/6/
	9	29G-PHYSIGIAN'S NAME (Type)	23D.	ADDRESS		-1	1
		Alvin Inompson	M.D. /	856 N.	Wolfe	57	
	24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	or CREMAT	TORY 24D.	LOCATION (C	ty, town, or cou	unty) (State)
		Duriel (name) M	en Ti	ask C	Xallrel,	Mick	
	25A	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		25C FUNERAL DIRECT	000	1	ADDRESS
		JUL 18 1967 Robert E. Farbur	A	Mus Cole	à lukien	1/297/	Carland
1	VS '	50-REV. 1/1/65	0	70 -	1		

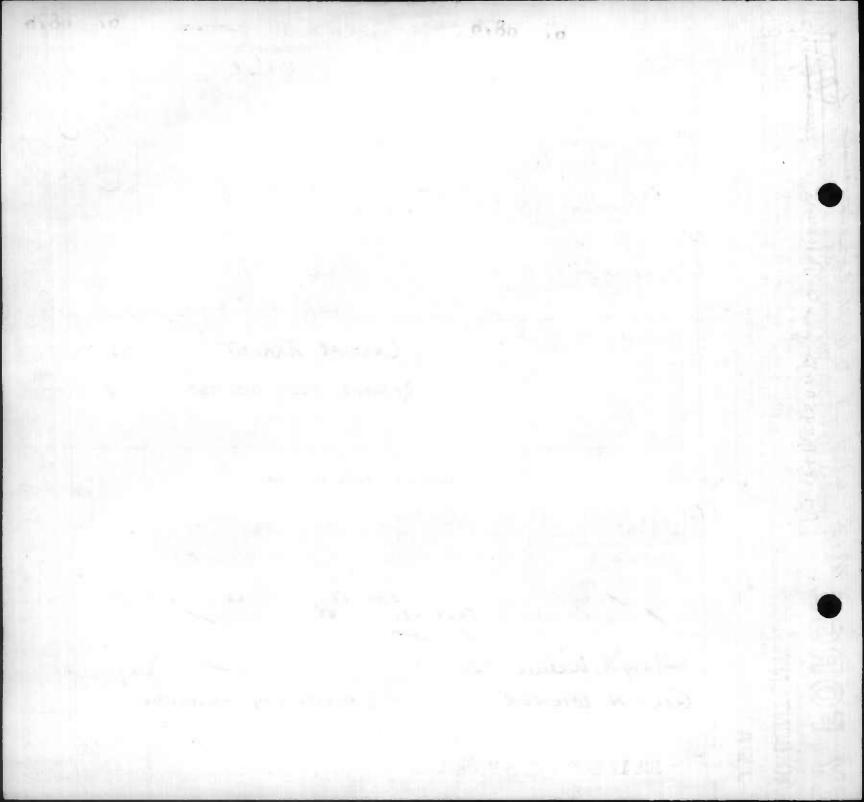


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E	F DEATH	Registered	No. 67	_68'
E	F DEATH	Registered	No. 67	_68

67 6877 BALTIMORE CITY HEAL	TH DEPARTMENT ERTIFICATE OF DEATH Registered No. 67 6877
	KINICATE OF DEATH REgistered No.
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print)	7 1- 17 10(7 0 50 - 4
RITH BROOKS 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Lutheran Hospital	Baltimore D. STREET ADDRESS (If rurol, give locotion)
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
WIDOWED, DIVORCED (specily)	lost birthdoy! Months, Doys, Hours, Min.
Temale White	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	MARVIANA WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER! MAIDEN NAME
RENINDAM DROEKS	MARY ROWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	12 22 1/2 1/11 1 1 1 2 2 2 2 2 2 2 2 2 2
110	JULIA BROOKS 4612 LAWN PARK RD
18. 2 8 1 6 4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., DUE TO	iple recent traumatic
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.	injuries
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Z O III	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	
ZIA, EXTERNAL CAUSE WAS 218 PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES in or obout 21C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIB-	Edmondson Ave. and Swainh Ave.
ZID IIIVE (Month) (Doy) (Teon) (Hour) ZIE HAJOKI OCCORRED	21F. HOW DID INJURY OCCUR?
7 17 67 7:25 A- WORK AT W	WHILE X Pedestrian struck by car
22. I certify that I held an Inquiry Inspection Aut	apsy X and that an this basis, death in my apinion
resulted from: Natural causes Accident X Suicide	Hamicide Undetermined manner
ACTUAL SIGNATURE M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D.	July 17, 1967
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of REMOVAL (Specify)	r CREMATORY 23D. LOCATION (City, town, or county) (Stote)
BURIAL 7-20-67 WOODLAWN	CEMETERY BALTO MD.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
JULI 9 1967 P. D. & E. Falley M.	WEBER FUNERAL HOME 5311 EDMONDSON AVE
VS 151-REV. 1/1/65	

7750 YO THE REPORT OF THE PARTY OF THE

			1./	
BIRTH NO.	6878 CERTIFICA	TE OF DEATH	Registered No	67 6878
M.E. CASE NO.	0=1(11110)			
Type or Print)	*4	2. DATE AND	HOUR OF DEATH	
YOUREFIELD	MAY	7/15	5/67	1:40 PM
B. PLACE OF DEATH IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (Where	deceased lived. If institu	tion: residence before admission)
			CA	rroll co.
FULL NAME OF (If not in hospital or inst	titution, give street	MARYLAND	WEST M	HISTER
HOSP(TAL OR oddress or location)			de city limits, write RUR	AL and give lownship)
	LITHE THE			1.1
SINAL HOSPITAL OF B	ALT MORE, INC.	D. STREET ADDRESS (If roll	STER FIN	Rsburg 36-00
1/2				1
40		K+#1 +IN	KSBURG.	
5. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED			Under 1 Yr., If Under 24 Hrs.
Canani VIII- W	IDOWED, DIVORCED (specify)	//////	st birthdoyl M	anths Doys Hours Min.
FEMALE WHITE	MARRIED	10/29/34	32	
OA. USUAL OCCUPATION (Give kind of work 10 B. K	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLA/CE (State or foreign	country) 1	2. CITIZEN OF
ane during most of working lile, even if retired)		h/1	11 C A	WHAT COUNTRY?
HOUSE WIFE		MARYLAND	U.S.A.	U.SA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAMI		
T 11				
JOHN HYTT SUL	LIVAN	JENNIE !	THE SHE	AFFER
5. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	CHNI	AFFER Northwood DRIVE
es.no or unknown) (11 yes, give wor or dates of s	ervice) SECURITY NO.	5. M.	3706	HONTHWOOD DRIVE
No	217-34-3137	JANE ITER	SHON BALT	TIMORE, Md. 2121.
18. / 7/7 V	CAUSE O	F DEATH		INTERVAL BETWEEN
1960				ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Λ.	2011	13000	11
	(A) /70	leuo carcinomo	6/ 0141451	UNKNOWN
(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	9, 0.9.,		()	
injury or complication which coused death				
	4.00			
ANTECEDENT CAUSES	DUE TO	***************************************		
DISEASES OR CONDITIONS, if ony,	giving			
rise to the obove couse (A) statin	ng the (C)			
UNDERLYING CONDITION lost.				
	IBUTING			
TO THE DEATH BUT NOT RELATED	TO THE			
DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION	N FOR WHICH OPERATION		20B. IF YES, WERE FINE	DINGS CONSIDERED
= 2)		yes	IN CERTIFIING CAUSE	S OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTR TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19.A. DATE OF OPERATION 19.B. CONDITION WAS PERFORME U 21.A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltimore Ci	ty, give exact location)
OR CONTRIBUTING CAUSE OF	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	W W POWING C	ly, give exact locollons
DEATH (notily medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hou	21E, INJURY OCCURRED	21F. HOW DID INJUI	Y OCCUP?	
OF INJURY	While At Not While		TO CCOM.	
>		c ,	,	,
(APPROX)	Work At Work	□, <i>y</i>		/
(APPROX.)		12/1/67	alic	119
>		7/6/67 19	to 2/15/	67 19
(APPROX.)	inded the deceosed from	7//	_ / /	
22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased alim	ve on July 15, 196"	7 19 ond that	_ / /	
22. I certify that (I) (this haspital) attethat (I) (we) lost sow the deceased alivand hour and from the causes stated above.	ve on July 15, 196"	7 19 ond that	_ / /	n death accurred an the date
22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased alim	ve on July 15, 196"	7 19 ond that	in(my) (out) opinion	
(APPROX.) 22. I certify that (I) (this haspital) attential (I) (we) lost sow the deceased alive and hour and from the causes stated above.	ve an July 15 196" bove. (1) (We) (and) (did not) v	7 19 ond that	in(my) (out) opinion	n deoth accurred an the dote
(APPROX.) 22. I certify that (I) (this hospital) attethat (I) (me) lost sow the deceased alivand hour and from the causes stated at 23A. SIGNATURE	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n deoth accurred an the dote
(APPROX.) 22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased alivand hour and from the causes stated ab 23A. SIGNATURE 23C. PHYSICIAN'S	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	7 19 ond that	in(my) (out) opinion	n deoth accurred an the dote
22. I certify that (I) (this hospital) attethat (I) (me) lost sow the deceased aligned and hour and from the causes stated at 23A. SIGNATURE	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n deoth accurred an the dote
22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased alivand hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RONALIO SCHACL	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n deoth accurred an the dote
22. I certify that (I) (this hospital) after that (I) (me) lost sow the deceased alice and hour and from the causes stated at 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) CONALIO SHACE A. BURIAL CREMATION, [24B. DATE	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n death accurred an the date
22. I certify that (I) (this hospital) attethat (I) (we) lost sow the deceased alivand hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) RONALIO SCHACL	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n death accurred on the date B. DATE SIGNED 7/15/67 ALTIMORE
22. I certify that (I) (this hospital) attential (I) (we) lost sow the deceased alicand hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) PONALW SCHACL A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/19/67	ove an July 15, 196" ove an July 15, 196" ove. (I) (We) (ald) (did not) v AND. AHE AND. 24C. NAME of CEMETERY of CRE Stone Chapel	iew the body after death.	in(my) (out) opinion	n death accurred on the date B. DATE SIGNED 7/15/67 ALTIMORE
22. I certify that (I) (this hospital) attethat (I) (me) lost sow the deceased alicand hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN S NAME (Type) CONALIO SCHACL 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/19/67	ve on July 15, 196" ove. (I) (We) (ald) (did not) v M.D. Atte	iew the body after death.	in(my) (out) opinion	n death accurred on the date B. DATE SIGNED 7/15/67 ALTIMORE
22. I certify that (I) (this hospital) attethat (I) (me) lost sow the deceased alicand hour and from the causes stated at 23A. SIGNATURE 23C. PHYSICIAN S NAME (Type) CONALIO SCHACL 4A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/19/67	ove an July 15, 196" ove an July 15, 196" ove. (I) (We) (ald) (did not) v AND. AHE AND. 24C. NAME of CEMETERY of CRE Stone Chapel	ond that iew the body after death. And Med. Director St. SINAL Hospi MATORY Ceine tery One ond that	in(my) (out) opinion	B. DATE SIGNED 7/15/67 ALTIMORE
(APPROX.) 22. I certify that (I) (this hospital) attent (I) (we) lost sow the deceased alimand hour and from the causes stated ab 23A. SIGNATURE (23C. PHYSICIAN'S NAME (Type) RONALD SCHACL (A. BURIAL CREMATION, REMOVAL (Specify) (A. BURIAL CREMATION, REMOVAL (Specify) (A. BURIAL CREMATION, REMOVAL (Specify) (A. BURIAL CREMATION, REMOVAL (Specify)	ove an July 15, 196" ove an July 15, 196" ove. (I) (We) (ald) (did not) v AND. AHE AND. 24C. NAME of CEMETERY of CRE Stone Chapel	ond that iew the body after death. And Med. Director St. SINAL Hospi MATORY Ceine tery One ond that	in(my) (out) opinion	B. DATE SIGNED 7/15/67 ALTIMORE

Carrell Co. Fresk's bung

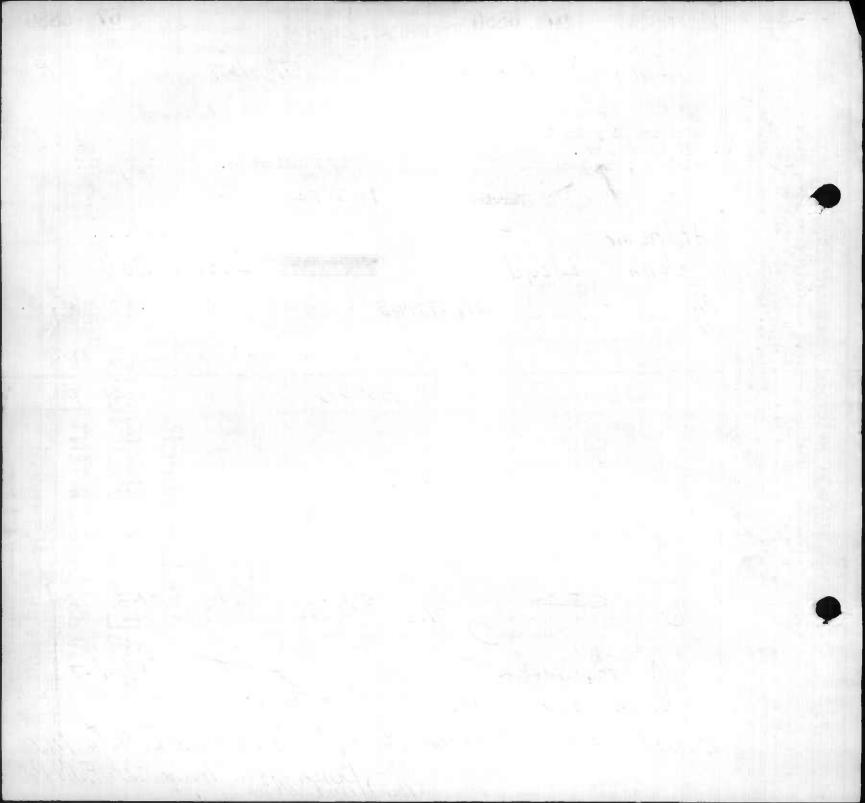
Burent Thefit stone Chapel Cometry Pikewille , Waryland N. J. Elebant Permys Wille, led

67 6	2.74	Y HEALTH DEPARTMENT		67 6870
M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na.	01 0073
1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) MARGARETE	HASSONI	7-1	14-67	3'30 0.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	11/12/010	4. USUAL RESIDENCE (When	re deceased lived. If in	estitution: residence before admission)
		A. STATE B. COUN	1 TY	
FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND	CEC	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	tside city limits, write	RURAL and give township)
2		CHILDS	2.	1916 57-00
Traver Marines Ma	CAITAI		rurol, give location)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JOHNS HOPKINS HO	SPITAL			
5. SEX 6. RACE 7. MARR	IED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female CALL WIDO	WED, DIVORCED (specify)		lost birthday	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND	MARRIED	3-30-11	56	To Cirioti Oc
done during most of working life, even if retired)	OF BOSINESS OR INDUSTRI	11. BIKINFLACE (Store of fore)	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper Unit	on Hospital	Marmland		U.S.A.
13. FATHERS NAME	M Hoopidal	Maryland 14. MOTHERS MAIDEN NAM	ME	000011
ALEXANDER KIRKP		CAROLINE DI	ERLING	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serving)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ma		Wilmer R. Has		
No	CAUSE C	OF DEATH	sson, Chil	INTERVAL BETWEEN
10751	97,002	T DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		andring 101	DrcT	1 6-110
(This does not mean the mode of dying,	(A)	CARDIAC ARK	: 23/	1 hour
heart failure, asthenio, etc. It means the dise				
injury or camplication which caused death.)				
ANTECEDENT CAUSES	(B)		***************************************	
DISEASES OR CONDITIONS, if any, give	rina	. 0		-
rise to the above cause (A) stoting	The (C)	PRONIC RENA	IL HAILUR	E 5 months
UNDERLYING CONDITION Iosi.				
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	Int			
19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
WAS PERFORMED		YES	IN CERTIFYING CA	USES OF BEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, foim, foctory, street, o	mice bidg., INJURY OCCUR?		
O	015 1111100 0 0 0110000			
OF INJURY (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
< (APPROX)	While At Not Whi Work At Work			
22. I certify that (1) (this hospital) attended	od the deceased from	7-3-1967	10 /-	7-14- 1967
			19ta	
that (1) (we) last saw the deceased alive (on17/1	19.6./and the	at in (my) (aur) api	nian death accurred an the dat
and haur and from the causes stated above	e. (1) (We) (did) (did nat)	riew the bady after death.		
23A. SIGNATURE	,			23 B. DATE SIGNED
16 minhan 1/1	MARCH + M.D. AH	ending Med. Director	Staff Phys.	7-14-67
23 C. PHYSICIAN'S	receive Phy	23 D. ADDRESS	rnys. L25	1-17-6/
NAME (Type)				
G. MICHAEL VII	NCENT M.D.	THE JOHNS	HOPKINS F	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY OF CR	EMATORY 24D. LO		ty, town, or county) (State)
REMOVAL (Specify)				
Burial 7/17/67 A	sbury Meth.	Cemetery Po	ort Deposi	t. Md.
010000 d . 10000 0 .	See & Lanbert	25C. JUNERAL DILECTOR	E Heile	ADDRESS
JUL 19 1967 R.C	rend E, Mandon	Hicks Home	for Funera	Is, Elkton, Md.
VS 150-REV. 1/1/65				

the period for the median appropriate

Cl6-08-31E8 Class . Teacon, Till, oh.

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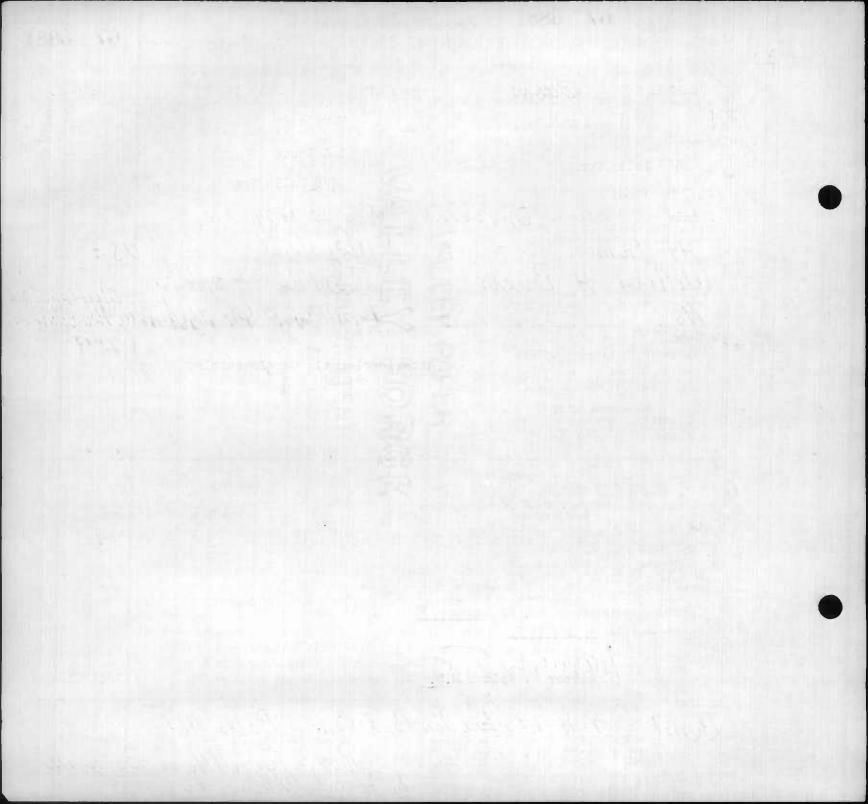
67 6881 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered No.

BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg	Istered No. 67 6881
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONO	UNCED DEAD
CARRIE BURNS COLE July 14, 196	7 4:40 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, I A. STATE B.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Maryland C. CITY OR TOWN (If outside corporate limits,	write RURAL and give to waship)
3660 Falls Road Baltimore D. STREET ADDRESS (If rurol, give locotion) 3660 Falls Road	7000
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Nov 27 1879 85	ears If Under 1 Yr. If Under 24 Hrs. Months, Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even it retired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 13. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME	bu
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (III yes, give wor or doles of service) 16. SOCIAL SECURITY NO. Dr Milton B. Cole 11.	801 New Hammonie
118. CAUSE OF DEATH	INTERVAL BETWEEN
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ostherio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE WAS PERFORMED	Disease
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore Ci home, farm, factory, street, office bldg., INJURY OCCUR?	ty, give exoct location)
OF INJURY (APPROX.) MHILE AT NOT WHILE AT WORK	
22. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death	
resulted fram: Natural causes X Accident Suicide Hamicide Undetermined m	onner 🔛
ACTUAL CHIEF MEDICAL EXAMINER CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CONTINUE CON	DATE SIGNED
SIGNATURE MEDICAL EXAMINER EXAMINER'S WE'RNER U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type)	7/15/67
	(City, town, or county) (State)
1304121 1-18-61 LOUGON 12/11 (em 1)2/to 11.	101
JUL 19 1967 Robert E. Farker Burgee Fineral director	me Belto Md

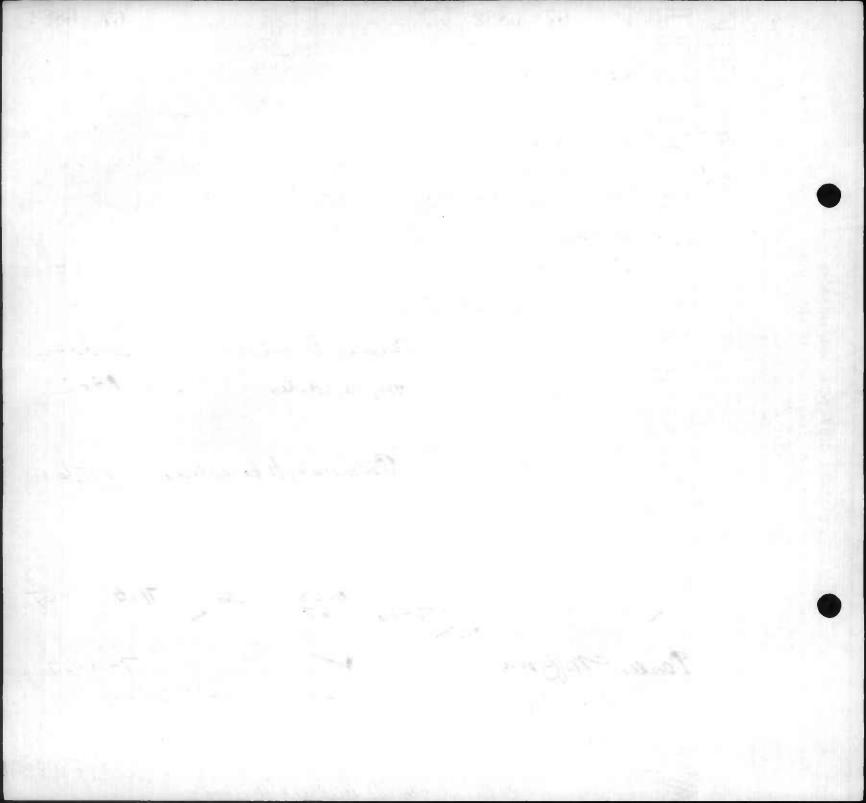
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by Hauce Bengu In



D .	of death of death Deceased on the
	uting cause ed cause; (5) are attendance prior to dea
•	if death occur bet or contrib t) Undetermin was in regul the deceased position is ma
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
RECTOR: 11	examiner or examiner. Al examiner. Al (3) A fracture on who prono in regular at sare embalms
UNERAL DI	chief medical y a medical Body burns; the physician was re the remain.
II.	proved by the the hospital b ny nature; (2) except where and (6) No plantined befo
	s released to a accident of a ta hospital (or to death);
	the body was shows: (1) An was D.O.A. a deceased price

67 600	BALTIMORE CIT	HEALTH DEPARTMENT		CM	0000
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	67	6882
T. NAME OF DECEASED (Type or Pant)	Davis	2. DATE AN	D HOUR OF DEATH	7	3 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0000	4. USUAL RESIDENCE (Wheel		itution; residence b	efore odmission)
FULL NAME OF (If not in hospital ar institution, given HOSPITAL OR oddiess or location)	e street	C. CITY OR TOWN (If out	side city limits, write RU	RAL and give taw	nshird . C
D.O.A. Sinai H	acoital	Baltimo	re	/	3-00
99 D.O. M. SIMAL PI	OSPITAL	2023 D	ruid Part	< Driv	e
Male White Ma	orvered (specify)	July 4, 1889	ost birthdays	If Under 1 Yı. Manths Days H	If Under 24 Hrs. laurs Min.
10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BI done during most of working life, even if retired) Me.Chanic Heau	y Equip.	11. BIRTHPLADE (State or foreign Marylan	d d	12. CITIZEN OF WHAT COUN	D. A.
Peter Davis	7 1 1	Mdry	Virginia	Lindsa	4
Yes, no or unknown) (If yes, give wor ar dates of service)	SECURITY NO.	A VIOLA	M. Davis	ADDRES	
NO 2	19 05 5276 CAUSE C	OF DEATH	M. Vavis		BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	Day 7 - 4	-0.0	ONSET A	ND DEATH
(This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO	overy thromb	05/5	flel	Car.
injury or complication which coused death,1 ANTECEDENT CAUSES	(B) 770	yocardolo		190	62
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)				\$165************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pulmorary tu			56
19A-DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	SES OF DEATH?	RED
U 21A. ACCIDENT WAS UNDERLYING 218. PL	ACE OF INJURY (e.g., form, factory, street, c	of at about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimare (City, give exact la	ication)
	At Nat Whi		JRY OCCUR?		150
22. I certify that (I) (this hospital) attended the			9.56to	7/16	19.67
that (1) (%) lost sow the deceased olive an and hour and from the causes stated above. (1) (ot in (my) (Sur) opini	on deoth accur	red on the dat
23A. SIGN ATURE	was (and and not)	view the bady offer death.	1	38. DATE SIGNED)
Raulen noffman	M.D. Att		Staff Phys.	7-18	2-67
Reyben Hoffma	M.D.	23D. ADDRESS 846 W	36th 5	Street	
REMOVAL (Specify)	rrdine Pa	1. 6	Baltimore	, town, or county) Mary	(State)
	REGISTRAR TOLOGOMAN	25C. FUNERAL DIRECTOR	1 4	ADDI	RESS
/s 150-Rev. 1/1/65	Bu	Murgee Ty	nerd Nome	3651	TALIS K
	77/	10000 11300	yer yo		



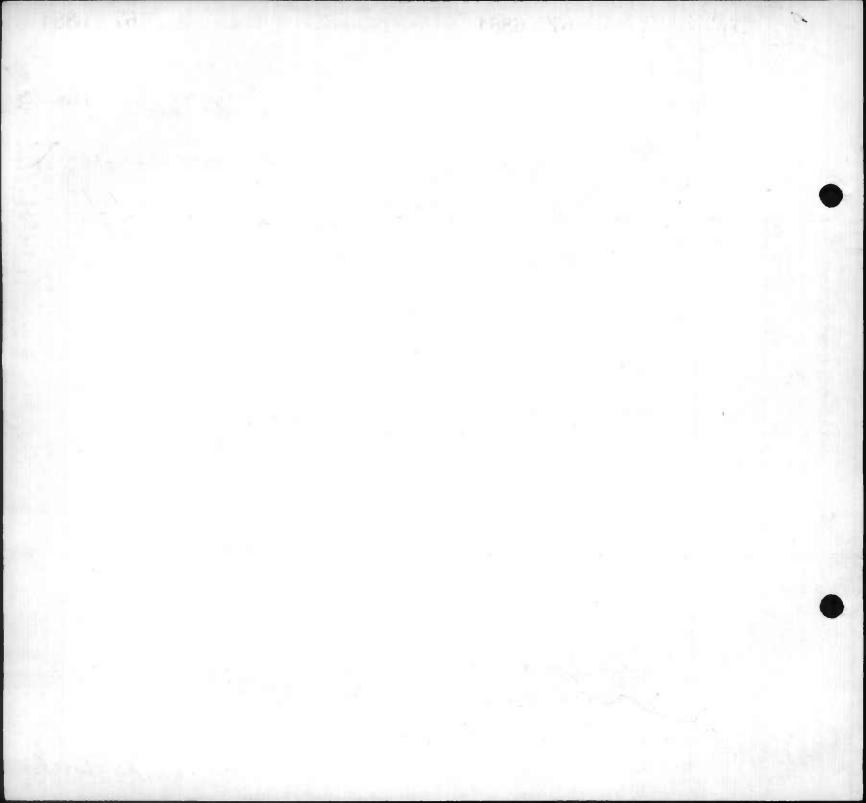
		67	6883 B	ALTIMORE CITY HEAL	TH DEPARTMENT			
BIRTH	NO. 62				ERTIFICATE C	OF DEATH R	gistered Na	67 6883
M.E. C	ASE NO.							
1. NA/	ME OF DEC					TE AND HOUR PRONC	UNCED DEAD	
	BENJA	MIN-NAPARS	TEK- Char	les Benjamin	Naparstek J	uly 16, 1967	,	6:15 p M.
PLA	DT	IMORE MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE	Where deceased lived.	If institution: resid	lence before odmission)
FULL	VAME OF	THE NOT IN HOS	TAL SRAIGHT	mel, and Greet	Maryland c. CITY OR TOWN (IF	autside cornorate limits	write PUPAL or	ad dive township)
INSTITU	TAL OR	ADDRESS OR LO	CAHON	7-25-67			, while Rokes un	1-04
1					Baltimo D. STREET ADDRESS	re		1-01
CC	ITY HO	SPITAL D.O	.A.					
5. SEX		6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	eanne Street		1 Yr. If Under 24 Hrs.
			WIDOWED, D	OIVORCED (specify)	111111	1962 last birthday	Months	Doys Haurs Min.
Ma	le occi	White	CHIL	BUSINESS OR INDUSTRY		5	12. CITIZE	EN OF
		varking life, even if retired			MARYLAN			T COUNTRY?
3. FAT	HER'S NAM	LD		y 20	14. MOTHER'S MAIDEN		4	SIH
	JAMI		PRSTE	K		TINE	THTI	M
15. WA		D EVER IN U.S. ARM		16. SOCIAL				
Yes, no	arunknawn	(II yes, give war ar d	ates of service)	SECURITY NO.	CLEMENTIA	DE NEPA	RSTEK	A
	10			No	2110 ALIC	EANNA ST	BALTOI	170.21251
1B.	=9	39,8		. CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEA	SE OR CONDITION						
	(This does	not mean the made	of dying, e.g.,	(A) Dr	owning			• • • • • • • • • • • • • • • • • • • •
	injury or con	asthenia, etc. It med nplication which couse	d death.)				- 34	
	A	NTECEDENT CAU	SES					
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B) DUE TO				
		E ABOVE CAUSE (A)						
NO.				(C)	************************	***************************************		
TV	OTHER SIG	II NIFICANT CONDITION	S CONTRIBUTION	IG.				
	TO THE	DEATH BUT NOT	RELATED TO TI					
¥ 19/		OPERATION 198. CO		VHICH OPERATION	20A. AUTOPSY? (Yes	or Na) 20B. IF YES, W	ERE FINDINGS C	ON SIDERED
Ö		WAS P	ERFORMED		370		CAUSES OF DEA	
₹ 21/		L CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE	DID (II in Boltimare C	ity, give exact la	
MEDICA MEDICA	NG CAU	OR CONTRIB- SE OF DEATH.	etc.)		olfice bldg., INJURY OCC			03-00
216	TIME	(Manth) (Day) (Y	ear) - (Hour) 2	Water	21F. HOW DI	of 506 Sened	a Park K	oad Essex
	PPROX.)	7 16	- JW	HILE ALL NO	WHILE	. 1		
22	•	7 16	67 4-5 -44			ect drowned		
	I cer	tify that I held an			topsy and that	an this basis, deat	n in my apinian	1
	resul	ted fram: Natural	causes A	coldent X Suicid	a Hamicide	Undetermined	manner	
	ACTUAL		20/	0	CHIEF MEDICA	AL EXAMINER X		DATE SIGNED
	SIGNAT		Topin	her M.D.	ASSISTANT MEDICA	AL EXAMINER		
	EXAMIN		H'		ASSOCIATE MEDIC	AL EXAMINER		
23 A B	NAME (sher, M.D.	CREALATORY	23D. LOCATION	July 1 (City, town, or c	7, 1967
	VAL (Specil		100			O AL TITLE	telly, lown, or c	dully) (State)
BU	IRIA	L 7-17		ST. STANISLA		BHLTIMOR	E, MAR	YLHND
24A. D	ATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR		A	DDRESS
		JUL 19 196	7 120. 8	FE FarbarMA	W.FIALH	<i>rowski</i>	2007 EX	9STERN AVE
VS 151	I-REV. 1/1/	65 1 0 0	OX		0 6 8 5	1 0 -	RALTON	MA. 21231

V.S. 153 and B.C. 62-17068

7-25-67 M.H.

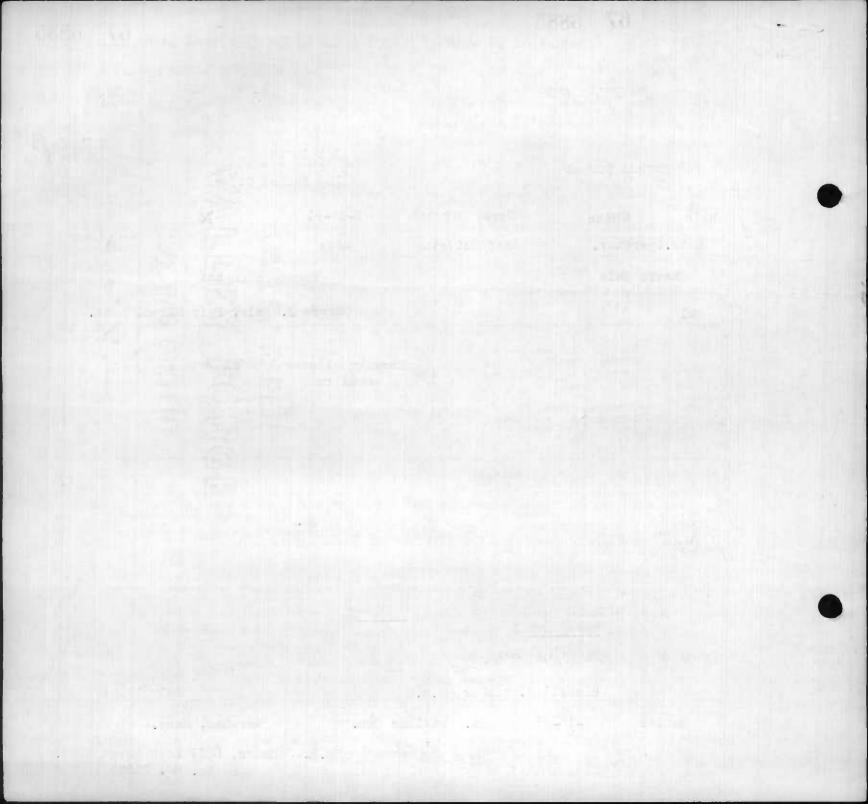
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BALTIMORE CITY HEALTH DEPARTMENT 6884 Registered No. RTIFICATE OF DEATH pital and of death M.E. CASE NO. (4) Undetermined cause; (5) Deceased Such 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 12a hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARY AND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance B. COUNT contributing cause morra FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or lacation) CITY OR TOWN and give lawnship INSTITUTION 0 = prior D. STREET ADDRESS Alf rurol, give location) occurred 4000 regular is mad 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE If Under 1 Yr. Months: Dovs If Under 24 Hrs. Hours Min. deceased Hours WIDOWED, DIVORCED (specify) OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = the direct or UMA arylas MOS the MAIDEN NAME 13. FATHER'S NAME 14. MOTHER'S assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS 6. SOCIAL final SECURITY NO. attendance A fracture of any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease. examiner regular examiner. injury or camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, 3 rise to the above cause (A) stoling the = physician UNDERLYING CONDITION lost. remains medical a medical Mas An accident of any nature; (2) Body burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the the chief 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED the IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID hame, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital shows: (1) An accident of any nature; (3 MEDICAL ŝ etc.) DEATH (notify medical examiner) brained 21 D. TIME OF INJURY 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 9 approved (except While At Not While (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) lost sow the deceased alive an... and that in (my) (aur) opinion death occurred on the date hospital death) and hour and from the couses stoted obayes (1) (We) (dld) (dld not) view the body ofter deoth. must 23A. SIGNATURE 238. DATE SIGNED Attending M.D. Med. 0 approval Phys. Director Phys. O 23 C. PHYSICIAN'S 23D. ADDRESS prior certificate at NAME (Type) ober YWIN was D.O.A. deceased written ap 24A. BURIAL CREMATION, REMOVAL (Specify) 24C.NAME of CEMETERY OF CREMATORY 24D. LOCATIO 25C. FUNERAL DIRECTOR ADDRE VS 150-REV, 1/1/65



6885 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6885

M.I	E CASE NO.								
1. I	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
,		DANIEL SA	ALA			Tully	14, 1967	10	9.14 a M.
3. F		MORE, MARYLAND		UNCED DEAD	A. STATE	ryland	deceosed lived. If insti B. COU		ce before odmission)
FUI	L NAME OF	ADDRESS OR LO	SPITAL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV	VN (If outside	corporate limits, write	RURAL ond	give township)
INS	TITUTION								2-0.3
)	=00 = -				D. STREET ADDR	imore	rive leaster)		0-00
	/30 Beti	hel Street							
	FU	/ DAGE	Taannien	ALEXCED AA ABBIED	B. DATE OF BIRTH	Bethel_		11/11/11	V 17 11 1 04 11
5. 3	EA	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
M	ale	White	Nev	er Married	2-14-91	L	76		
IOA	USUAL OCCU	PATION (Give kind of		F BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign	n country)	12. CITIZEN	OF COUNTRY?
don	Eqip. Op	orking life, even if retire	Road	d Building	Mass			US	
	FATHER'S NAM				14. MOTHER'S M	AIDEN NAME			
	Chesro	Sala			T	headoro	Cortni		
		D EVER IN U.S. ARA		16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes		(If yes, give wor or	dotes of service)	SECURITY NO.	Chrer	o T Se	la, Fair Hay	ren Mo	
	WWI				OIII SI	0 0. Da	ia, rail ha		
	18.46	5 X 1		CAUSE	OF DEATH				NSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY						
		LEADING TO DE	ATH	(A) Ma	ssive bila	teral p	ulmon ary		
	(This does n heart failure,	ot meon the mode osthenio, etc. It me	of dying, e.g., eons the discose,	DUE TO	embőlism	е			
	injury or con	nplication which cous	sed deoth.)		CINDOLLSIN				
	A	NTECEDENT CAL	USES						
	DISEASES (OR CONDITIONS,	IF ANY, GIVING	(B) DUE TO					
	RISE TO THE	E ABOVE CAUSE (A	STATING THE						
z	ONDEREIN	TO CONDITION EA	.51,	(C)					
CERTIFICATION									
K		NIFICANT CONDITIO							
문		DEATH BUT NOT		THE					
RT	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CON	SIDERED
2	7.		PERFORMED				IN CERTIFYING CAUS	ES OF DEAT	
T	21 A. EXTERNAL	CAUSE WAS	218	PLACE OF INJURY le.g.,	in or obout 21C V	HERE DID	If in Boltimore City, give	ES	tion
MEDICAL	UNDERLYING UTING CAUS	OR CONTRIB-	home etc.)	e, form, foctory, street, c	ffice bldg., INJURY	OCCUR?	vorminote city, git	C CAUCI IUCUI	11017
品	O IING - CAU	SE OF DEATH.	01047						
2	OF INJURY	(Month) (Doy)	(Year) (Hour)	TE. INJURY OCCURRED	21F. H	DIN DID INTO	RY OCCUR?		
	(APPROX.)		m.	WHILE AT NOT	ORK				
	22.	ify that I held on	Inquiry	Inspection Aut	opsy X and	that on thi	s bosis, death In m	v oninian	
			T77						
	result	ted from: Natural	couses	Accident Suicld			Indetermined monne	er	
	ACTUAL		200/	1			AMINER A		DATE SIGNED
	SIGNATI		18 M	he M.D.	ASSISTANT M	EDICAL EX	AMINER		
	EXAMIN			7110	ASSOCIATE M				
	NAME (1		ell S. Fi	sher, M.D.				ly 14,	1967
23 /	BURIAL CREA	MATION. 23B DATE		C. NAME OF CEMETERY	CREMATORY	23 D. LC		town, or cour	
RE/	Buria	1 7-18	3-67	St. Patricks	Cem.	W	archam, Mas	8.	
24/	. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR		AL DIRECTOR		The second second	DRESS
		JUL 191		e & Labort			on, 8521 Lo		
		901 19	1001	en a ' donner.			Balto. Md		
							Darrone Time		

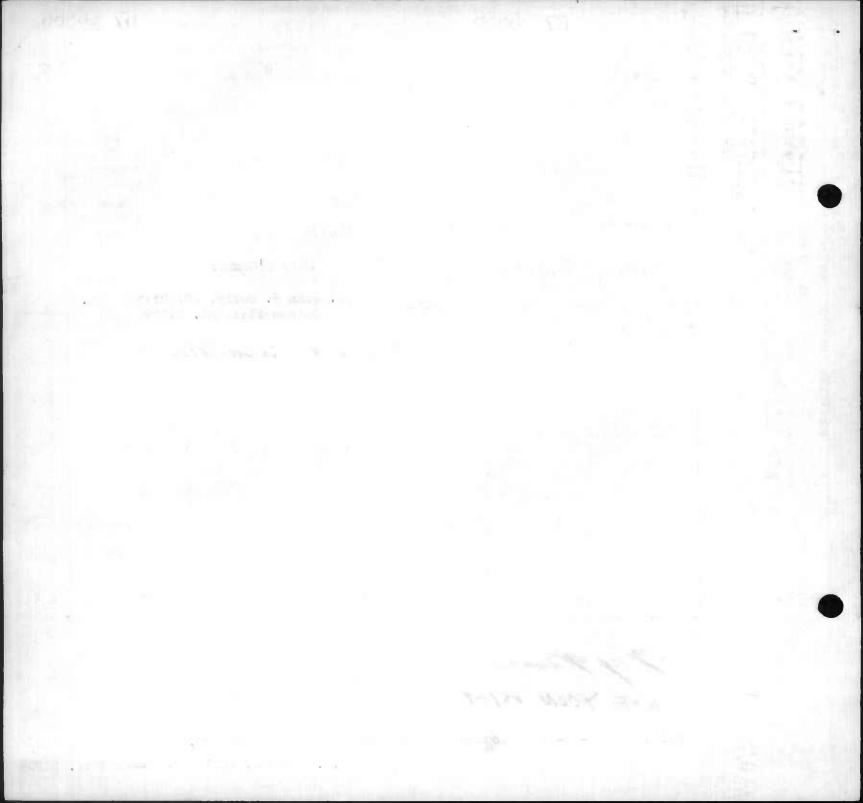


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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

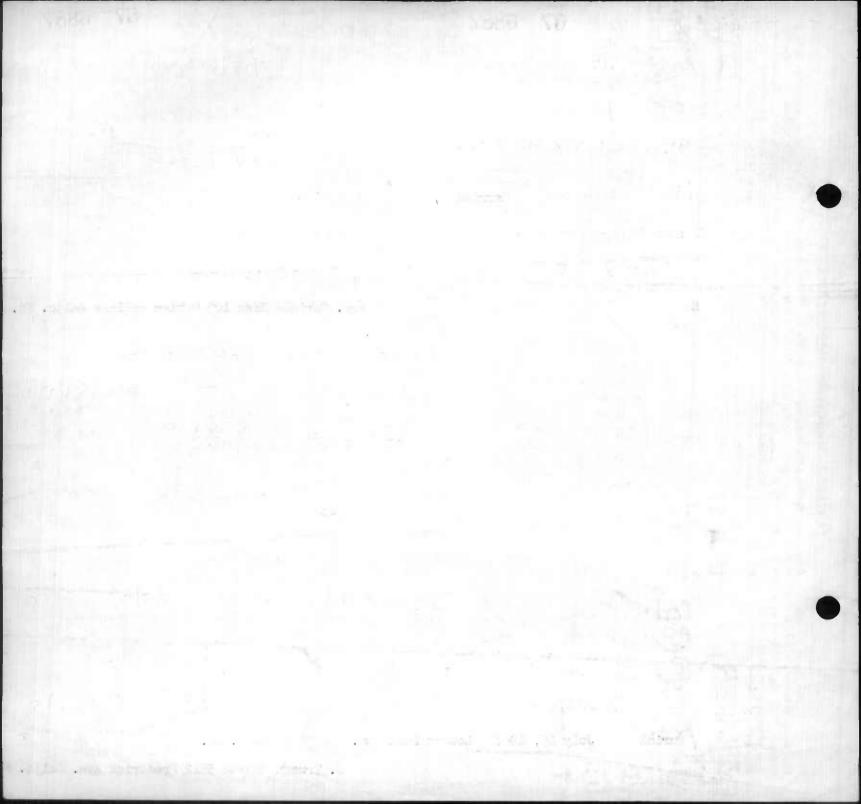
	BALTIMORE CITY	HEALTH DEPARTMENT		CM C000
BIRTH NO. 67	6886 CERTIFICA	TE OF DEATH	Registered No.	67 6886
M.E. CASE NO. 1, NAME OF DECEASED			ND HOUR OF DEATH	1
(Type or Print) (Pf. 2000)	1.0	7/,5	11 7 - 4	4-450
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	7/2	4. USUAL RESIDENCE (Who	ere deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in haspital or instit address or location)		C. CITY OR TOWN (If or	stside city limits, write	RURAL and give township)
34 Bon SECOURS	5 Hospital	D. STREET ADDRESS (III	rural, give location)	27-38
		1347 GiHI	N95 HUE	,
	OWED, DEVER MARRIED	8-6-83	% AGE (In years	II Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working file, even if retired)	Own Home	Balto. M	d.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	~ J//
HARRY Smit	1.4	Mary O	Conhor	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates at se	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	rvice) SECURITY NO.	Mr. John J.	Duffy, 202	Hilton Ave.
18. / / / /			ille, Md. 2	
DISEASE OR CONDITION DIRECTLY		DEATH		ONSET AND DEATH
LEADING TO DEATH	in The	ayourdie in	-naiols -	
(This does not mean the made of dying, heart failure, asthenia, etc. It means the di		Jack and Salah	the fit was be bed about a	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if ony,	giving			
uise to the above couse (A) stating UNDERLYING CONDITION lost.	g lhe (C)		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11				
OTHER SIGNIFICANT CONDITIONS CONTRIE				
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., hame, larm, factory, street, cetc.)	on ar about 21C. WHERE DID Iffice bldg., INJURY OCCUR?	(II in Baltima	are City, give exact lacation)
O 21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour OF INJURY (APPROX.)	While At Not Whi	le 📉		
22 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1967 to	7/15
22. I certify that (I) (this hospital) atten	71.5	1 11		7/15 1967
that (I) (we) lost saw the deceased alive			nat in (my) (our) as	olnian death accurred an the date
and have and from the couses stated obc	ove. (I) (We) (did) (did not)	view the bady after death.		loop DATE GLONED
23A. SIGNATURE	M.O. AH	ending Med.	Stolf	23R DATE SIGNED
p. y. pen	Phy	rs. Director	Phys.	11.26
23C. PHYSICIAN'S NAME (Type)	KIM	23 D. ADDRESS		
KYE YOON	M.D.			
24A. BURIAL CREMATION, REMOVAL (Specily)	24C. NAME of CEMETERY or CR	EMATORY 240, I	OCATION	City, town, or county) (State)
Burial 7-19-67	Loudon Park Cem		Baltimore,	Maryland
25A, DATE REC'D BY HEALTH DEPT. 25B, N	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
30 130 130 UK	DELO E. Vandouren	wm.r. Jonnso	DII, 0251 PO	ch Raven Blvd. 21204

VS 150-REV. 1/1/65



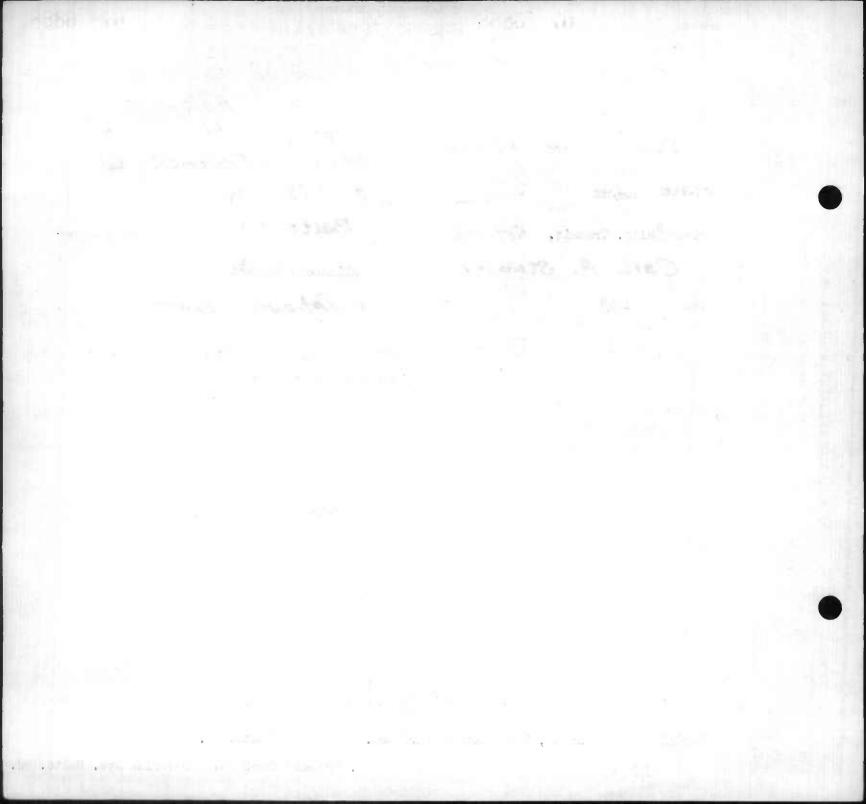
1	1_	7	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced again was in regular arrendance on the deceased prior to death. Such

OP (BALTIMORE CITY	HEALTH DEPARTMENT	\/	67 COOM
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	67 6887
I, NAME OF DECEASED		2. DATE AN	NO HOUR OF DEATH	1
MICCIAN HE	22.5	7	115 167	1 (155 P A
PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or instituted and the state of the st	rtion, give street	A. STATE B. COUN	ITY	titution: residence before admission Bulks Cs
INSTITUTION		C. CITY OR TOWN (11 OU		URAL and give township) 53-00
3 DINIVERSITY HO	1A7192		rural, give location)	-
5. SEX 6. RACE 7. MAI	REED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. If Under 24 Hrs
	OWED, DIVORCED (specify) Married	11/17/16	lost birthdoyi	Month's Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
GLASS FACTORY		MARYLAN	J D	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
HARRY HESS		CORA	MCLARY	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown)(II) yes, give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT	1 1111	ADDRESS
No	SECOKIII NO.	Mrs. Corinne H	ess 109 Oakle	e Village Balto. M
18. 44 / 0 X 1	CAUSE O		000 107 00020	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH	IN CER	42214 -08721	MA & HEMIE	RAGE
(This does not meon the mode of dying,	e.g.,	Sallinania de Siria con del Sando de Marida de La Norda	24.7.4.2	
heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,		- 1	
ANTECEDENT CAUSES	(B)	ani Jakan	0512 E 17	ERPASED CLUPTA
DISEASES OR CONDITIONS, if ony,	DUE TO		. 11	FACTURE
rise to the above cause (A) stating		DE SBE	on sillings	
UNDERLYING CONDITION lost.	119	Fall & Alontes 100	wherian'	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO			*	
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID flice bidg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
OF INJURY (Month) (Doy) (Year) (Hour)		21F. HOW DID IN.	URY OCCUR?	
(APPROX)	While At Not While Work At Work			
22. I certify that (1) this hospital) atten	ded the deceased from	6/2/67	19 67 to 7	15 67 19 67
that (1)(we) lost sow the deceased alive	on 7/15	1 /	-	nion death occurred on the do
and hour and from the causes stated abo				
23A. SIGNATURE		255 256 256 256 256 256 256 256 256 256		23B. DATE SIGNED
William H B	Larker Jr. M.D. Att.	ending Med.	Stolf Phys.	7/15/17
23C. PHYSICIAN'S	00	23D. ADDRESS	rnys, це	10101
NAME (Type)	BARRETO TO M.D.	1/2011	HUCDIAN	Para H.
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME OF CEMETERY OF CR	EMATORY 1345	OCATION (Cit	C 54560. 110
REMOVAL (Specify)		- 1045-100-100-100-100-100-100-100-100-100-10		ly, town, or county) (Stole)
Burial July 19, 19			lto. Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	AME OF REGISTRAR	25C, FUNERAL DIRECTO		ADDRESS
JUL 19 1967 P. O	S. B. E. Starley MA	G. Truman S	onwad 3512 Fr	ederick Ave. Balto
VS 150-REV. 1/1/65		4		

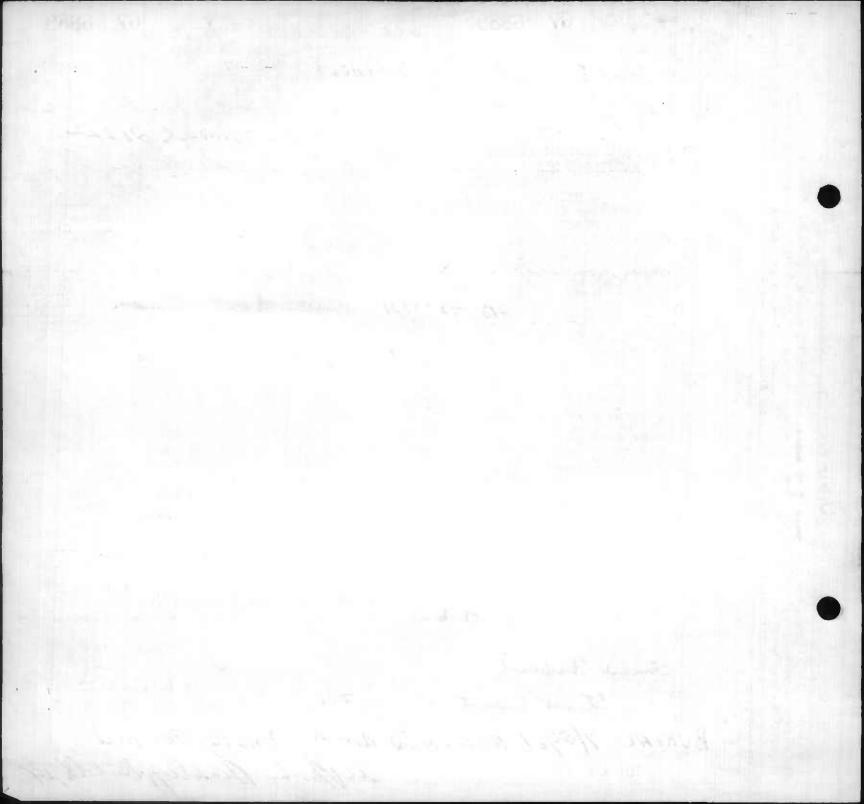


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BIRTH NO.		RRR	TE OF DEATH	Registered No.	67 6888
1. NAME OF (Type or Print)	DECEASED	trasser	Jul		967 1.25 P.M.
3. PLACE OF	DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
FULL NAM HOSPITAL INSTITUTIO	OR oddress or location)		a 1.	iside city limits, write	
342	16AST. CAMILLUBON SECOURS P	HOSPITAL	D. STREET ADDRESS (III	rurol, give focation)	4 11
5. SEX Mal	WIDE	RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 8-25-88	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
	OCCUPATION (Give kind of work 10B, KIN ost of working life, even if retired)		11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Driver	Balto. Transit. Re	etired	Balto. r		AMENCA
13. FATHERS	0 1 1		14. MOTHER'S MAIDEN NAM	2	
15. Was Dace	ar L A. St.Ye	16. SOCIAL	Elizabeth Schr	nidt	ADDRESS
	nown) (If yes, give wor or dotes of serv	SECURITY NO.	Patient	s Char	
18.2	92.414002	CAUSE O	F DEATH		ONSET AND DEATH
l Di	SEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) ap	losdic Ques	rua.	unk more
heart lai	es nat meon the made of dying, lure, asthenia, etc. It meons the dis complication which coused death.)		ilogy and no	n	
rise la UNDERL	S OR CONDITIONS, if ony, g the obave cause (A) stoting YING CONDITION to st.	UTING L.	smary T	B.	
	E OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	10 OB. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
OR CON	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF notily medical exominer)	21 B. PLACE OF INJURY (e.g., inhome, farm, factory, street, of	n or about 21C. WHERE DID INJURY OCCUR?	(II in Bolimore	e City, give exact location)
21 D. TIM OF INJU (APPROX	RY	21 E. INJURY OCCURRED While At Not While Work At Work.		URY OCCUR?	1
	rtify that (1) (this hospital) attend	ded the deceased from	/	967 10 00	uly 15 1967.
	(we) lost saw the deceased alive	/		ot in(my) (of) opi	mon deoth occurred on the date
and hou	r and from the couses stated about	ve. (1) (1) (did) (did not)	view the body ofter deoth.		23B. DATE SIGNED
ag		empo. M.D. Atte	ending Med. Director	Stall Phys.	July 15-1967
23C. PHY	GUSTIN del		BON SECOUR	es BAL	TIMORE Md
24A. BURIAL REMOV		C. NAME OF CEMETERY OF CR		OCATION (C	ity, town, or county) (State)
Buris	1 July 18, 19	7 Loudon Park Co		lto. Md.	400
ZOA. DATE R	JUL 19 1967 R. D.	ME OF REGISTRAR	G. Truman Schw	ab 3512 Fred	derick Ave. Balto. Md
VS 150-REV.		W 42, 434,			

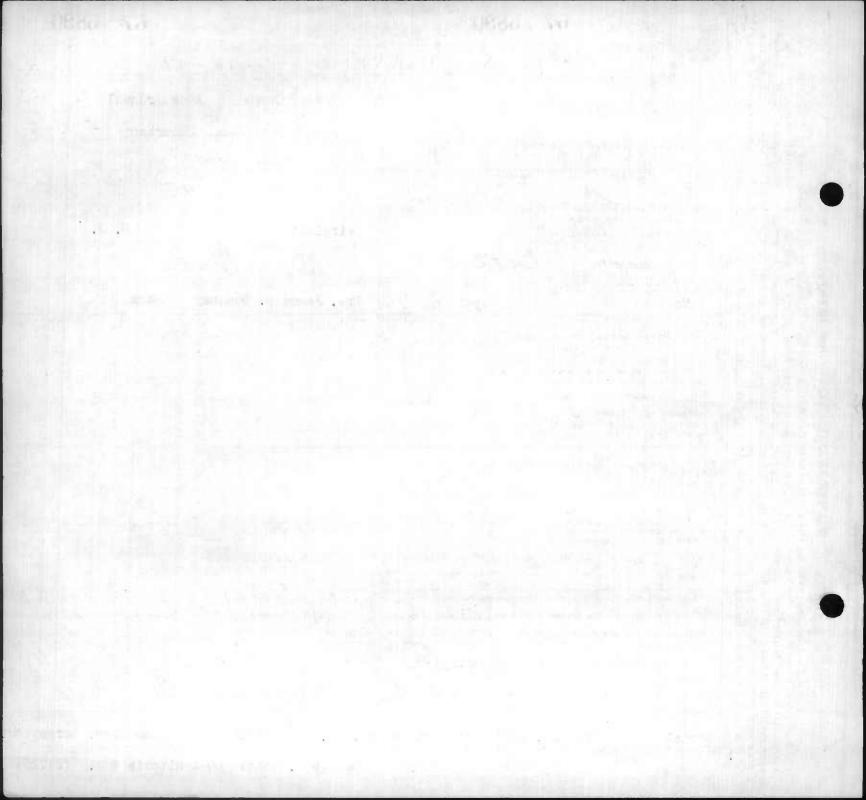


1	N-2:40 00 00	BALTIMORE CITY	HEALTH DEPARTMENT	11.	OM	0000
	H NO. 67 68	CERTIFICA	TE OF DEATH	Registered No	6/	6889
1. N	AME OF DECEASED			D HOUR OF DEATH		
	WHEEKLY, N	ellie WI		6-67	1	8:50 P. M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inst TY	itution: residen	ce before admission)
	FULL NAME OF (If not in hospital or institut	ion, give street	mayla	end De	aller	nouls
	BALTIMORE CITY HO	CPTTATS	C. CITY OR TOWN (If outs	DUNDACK	Z/Z	
	2 / 4940 EASTERN AVEN		D. STREET ADDRESS (If a	ural, give location)	011	
,	BALTIMORE 21224.		1807 In	uller C	Ine	53-00
5. S	EX 6. RACE 7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)		AGE (In years ast birthday)	If Under 1 Yo Months Doys	If Under 24 Hrs. Hours Min.
.63	EMALE HITE	Vidawed	4-1-90	77	110 6171751	
	USUAL OCCUPATION (Give kind of work 10B, KIN) during most of working life, even if retired)	D OL BOZINEZZ OK INDOZIKI	11. BIRTHPLACE (State or foreign	on country)	12. CITIZEN C	OUNTRY?
	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	land	1	1. S.a.
13.		1+1.			-	1.
15	Leander Winekot Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	ie Das	ADI	Olel.
(Yes	(If yes, give wor or dates of servi	SECURITY NO.		1010 B -t		# 21224
_	118. 2024	2/8-48-3/2/ CAUSE O	BCH: RECORDS	4940 Easter	/	EVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE	DEATH			ET AND DEATH
	LEADING TO DEATH	(A) 2m.	ultiple ?	Myelon	~~	
	(This daes not mean the mode of dying, heart failure, asthenia, etc. It means the dise					
	injury or camplication which coused death.)	/ Da				
	DISEASES OR CONDITIONS, if any, gi	DUE TO		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	rise to the above cause (A) stoling	•	***************************************			
	UNDERLYING CONDITION fast.					
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING				
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAU	NDINGS CON SES OF DEAT	ISIDERED H?
CER	21 A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If in Boltomore	City, give exo	ct locotion)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, foctory, street, of	fice bldg., INJURY OCCUR?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EDIC	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?		
2	(APPROX.)	While At Not While Work At Work	e 🗀		. 7	101.7
	22. I certify that (I) (this hospital) attend		4/14/67 1	9 10 7/11	141	19
	that (1) (we) last sow the deceased alive					
	and have and from the causes stated above					
	23A. SIGN AT URE	,			23B. DATE SIG	ENED
	Strank berbuur	M.D. Atte	mding Med. Director	Stoff Phys.	7/11	2/4-1
	23C. PHYSICIAN'S NAME (Type)	2	23D. ADDRESS	BA	LT IMORE	E 21224, MD.
	Stwart Le	ilvant M.D.	BALTIMONE CITY H	OSPITALS 494	O EAST	ERN AVE.
244	REMOVAL (Specify) 248. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (City	, town, or cou	unty) (State)
,	BURIAL 7/00/67	MORELAND	MEM. BA	ALTO. CO	· MC	7.
25/	LILI 1 0 1067	ME OF REGISTION MADE MADE	25C. FUNERAL DIRECTOR	6 nn	In '	DDRESS
Ve	JUL 19 1967 R.C.	an c. dama,	upper	Headle,	1) Vice	with the
٧S	150-REV. 1/1/65					



	pu	ath	pes	he	Jch	
	approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	
	spit	e of	5) De	nce	eath	
	a ho	aus	e; (5	ndai	P O	
	.5	9 6	GUS	atte	or 1	
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	ccur	trib	min	gul	sed	ma
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^	deat	ór	pun	il SE	op e	sitio
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FUNERAL DIRECTOR: IMPORTANT	iner	ner.	actu	pro	Jar	mba
CT	max	ami	A fr	vho	regi	9 9
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	st be	1580	ent	Spir	dea	nust
	E	e lec	ccid	a ho	10	a lo
	ate	as r	An a	to	rior	Orov
	tific	* *	(E)	P.A.	d pe	GD
	This certificate must be	bod	WS:	D.C	eds	written approval must be obtained before the remains are embalmed or final disposition is made.
	This	the	sho	Was	dec	×

BIRTH NO.	6890 CERTIFICA	TE OF DEATH Registered No.	67 6890
M.E. CASE NO.	CERTIFICA	TE OF DEATH	
1. NAME OF DECEASED (Type or Print) MARY	K. CURI	PY 2. DATE AND HOUR OF DEAT	7 100 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAI	ND	4. USUAL RESIDENCE (Where deceased lived. If	
FULL NAME OF (II not in hospital or ins HOSPITAL OR oddress or location)	titution, give street		e Arundel (a) e RURAL ond give township)
INSTITUTION Q	11-000	Ballemore Su	13
18/Naryland Se.	n. Herp.	D. STREET ADDRESS (If rurol, give location) 6 E. 2 ns Oue.	
F. W. "	ARRIED, NEVER MARRIED (IDOWED, DIVORCED (specify)	B. DATE OF BIRTH 3 - 5 . 2 2. 9. AGE (In years lost birthdoy) 4.	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B.) done during most of working life, even if retired) House Wife.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHERS NAME GSEPH B	odkiu	14. MOTHERS MAIDEN NAME Med	ie.
5. Was Pecassed Evil in U. S. Armed Forces? (Yes, no or inknown) (II yes, give wor or dates of s	service) 16. SOCIAL SECURITY NO. 29 -30 929	17. INFORMANT Mrs. James A. Sweeney	Same
18.3 87.01	CAUSE O		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Υ.	6000	ONSET AND DEATH
(This does not mean the made of dyin	ig, e.g., DUE TO	con the server of ste	å am a 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
heorf failure, asfhenia, efc. II means the injury or complication which coused deat			
ANTECEDENT CAUSES	(8)		######################################
DISEASES OR CONDITIONS, if any,	giving		
rise to the above cause (A) stati	ng fhe (C)		***************************************
OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING	1	
DISEASE OR CONDITION CAUSING IT.	- C10-1008		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		20A. AUTOPSY? (Yes of No.) 20B. IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	21B. PLACE OF (NJURY (e.g., in home, lorm, loclory, street, of etc.)	n or about 21 C. WHERE DID (II in Boltim	ore City, give exect location)
OF INJURY (Month) (Doy) (Yeor) (Ho	ur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	While At Not While At Work		
(APPROX)			
(APPROX.)			7-16 1967
22. I certify that (I) (this hospital) atte	ended the deceased fram		
22. I certify that (I) (this hospital) atta	ended the deceased framive on	7 - 11 19 6 7 to	
(APPROX.) 22. I certify that (I) (this hospital) attention (I) (we) last saw the deceased ali	ended the deceased framive on	19 67 to	
22. I certify that (I) (this hospital) attention (I) (we) last saw the deceased ali and haur and fram the causes stated a	bave. (1) (We) (did) (did not) v	19 67 to	plnian death occurred an the dat
22. I certify that (I) (this hospital) attempted that (I) (we) last saw the deceased ali and haur and fram the causes stated a 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) ABIL 24A. BURIAL CREMATION, 124B. DATE	bave. (1) (We) (did) (did not) v	1967 to 1967 and that In(my) (aur) a rlew the body after deoth. ending Med. Staff Staff Phys. 2 23D. ADDRESS Maryland	plnian death occurred an the date
22. I certify that (I) (this hospital) attempted that (I) (we) last saw the deceased aliand have and from the causes stated a 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	bave. (1) (We) (did) (did not) v Wasse M.D. Attended to the physical section of CEMETERY of CRITICAL SECTION OF CRITICAL SECT	19 67 to	238. DATE SIGNED 7.16-67. Gen. Hasp
22. I certify that (I) (this hospital) attempted that (I) (we) last saw the deceased aliand haur and fram the causes stated a 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) NASIL 24A. BURIAL CREMATION, 24B, DATE REMOVAL (Specily)	bave. (1) (We) (did) (did not) v Wasse M.D. Attended to the physical section of CEMETERY of CRITICAL SECTION OF CRITICAL SECT	note the body after death. 19 67	23B. DATE SIGNED 7.16-67. Gen. Hap



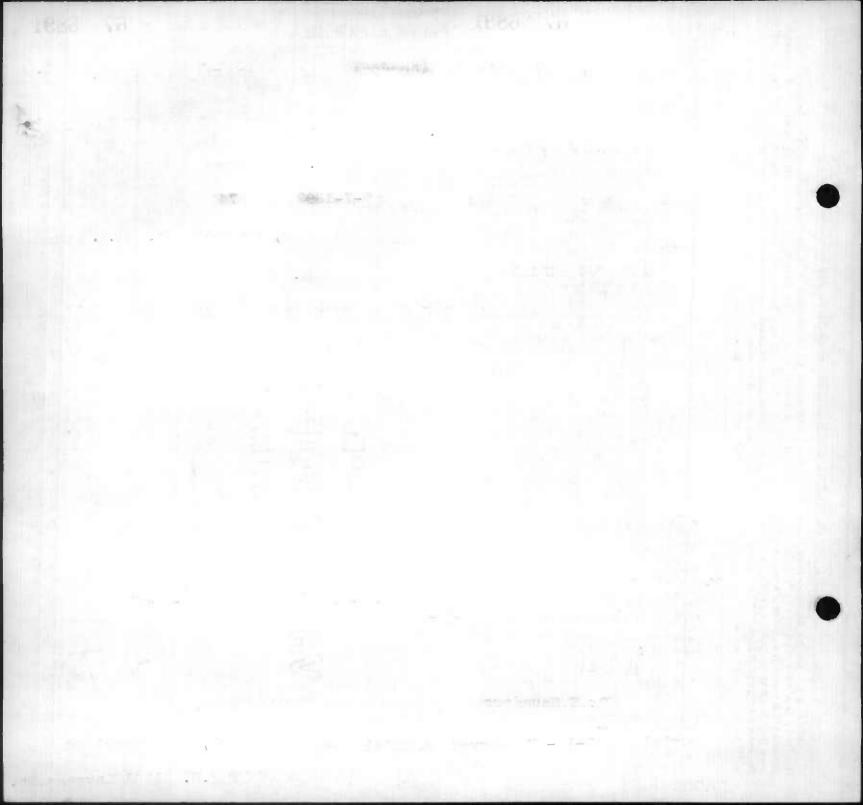
a hospital and

		or or	BALTIMORE CITY	HEALTH DEPARTMENT		63.004	0
	tin No.	67 68	CERTIFICA	TE OF DEATH	Registered No.	67	6891
1,1	L CASE NO. NAME OF DECEASED			2. DATE AN	D HOUR OF DEATH		
(Ty	pe or Print) Mack. G	ussie s	hields (Augu	sta)	7-17-67	1 2	:00 P. M
3.	PLACE OF DEATH IN BALTIMORE	MARYLAND	120200	4. USUAL RESIDENCE (When	e deceosed lived. If in	stitution: residence b	efore odmission)
	FULL NAME OF (If not in hos oddress or lo	spitol or instituti ocotion)	on, give street	Maryland c. City Or TOWN (If out	side city limits, write F	RURAL and give tow	nship)
	Provide		tal, Inc.	Baltimore		16	-03
	37 Baltimo	re, Mary	rland 21217	D. STREET ADDRESS (If	rurol, give location)		
				822 N. Mount	Street		
5.	SEX 6. RACE	WIDO	WED, NEVER MARRIED WED, DIVORCED (specify)	9-7-1892	9. AGE (In years lost birthday)	Months Doys H	f Under 24 Hrs. ours Min.
10/	Female Negro		lowed of business or industry		74	112. CITIZEN OF	
	ne during most of working life, even if re	tired)				WHAT COUN	ITRY?
13.	FATHERS NAME	140	ne	Virginia, A		q. US.A.	
				I MANUEL MANUEL MAN			
2.7	AGUSTUS			UNK.			
15. (Ye	. Was Deceased Ever in U. S. Arme es,no or unknown) (If yes, give wor o	ed Forces? I dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	
			219-30-8398	Lottie Roane	1704 N	Josher Stre	et
	18. 4 2 0 0 0 1		CAUSE C	F DEATH	-		BETWEEN
	DISEASE OR CONDITION	N DIRECTLY	(adal.	(ND PEATH
	LEADING TO DE	ATH	(A)	eren noras cur	n alecido	1	d pus-
	(This daes not mean the mad	le of dying,	e.g., DUE TO	ereh noras cul		10.1	
	injury at camplication which co		N.	Oll A T Com	10 to 16.	7-	1
	ANTECEDENT CA	USES	(B) H	SHD & COLA	My me liges	y -	days
	DISEASES OR CONDITIONS,		DUE TO /	End o			
	rise to the above cause	(A) slaling		rumana			
	UNDERLYING CONDITION las	il.					
7	. 11						
9	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO	TING				
CERTIFICATION	19A-DATE OF OPERATION 19B.	ING IT.		120A AUTORCY2 (Voc. or No.	1 200 to vec turns	ENDINGS CONTROL	nen.
E	WA:	SPERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?	KED
ER	2TA. ACCIDENT WAS UNDERLY	NG 🗆	218 BLACE OF INTURY IS A	No	// :- P-16:	City	
AL C	OR CONTRIBUTION CALLER OF	F	21 B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exoct lo	cotton
U			etc.)				
-	OF INTHIBY	(Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
0	(APPROX.)		While At Not Whi	le 🗌			
MED			WOIK - AI WOIK				
584	22 1 (1) (1) 1	11. 11	1.10	1 16-67	19 -	7 67	
584	22. I certify that (I) (this has				19to71		
584	22. I certify that (I) (this has that (I) (we) lost saw the dec		m am /m	7-16-67 ond th			
584	that (1) (we) lost saw the dec	eased olive	on 7-17-67	19ond th			
584	that (I) (we) lost saw the dec	eased olive	on 7-17-67 e. (1) (We) (did) (did not)				
584	that (1) (we) lost saw the dec	eased olive	on 7-17-67 e. (1) (We) (did) (did not)			nian deoth occurr	ed on the dote
584	and haur and from the causes 23A. SIGNATURE	eased olive	on 7-17-67 e. (1) (We) (did) (did not) . M.D. Att Phy	19 ond th	at in (my) (aur) opl	nian deoth occurr	
584	that (I) (we) lost saw the decard haur and from the causes 23A. SIGNATUE	Saun	on 7-17-67 e. (1) (We) (did) (did not) M.D. Att Phy	nond the view the body ofter deoth. American Med. Since Director 123D. ADDRESS	at in (my) (aur) opl	nian deoth occurr	
A	and haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Dr. E	Saunde	on 7-17-67 e. (1) (We) (did) (did not) M.D. Att Phy TS M.D.	19 ond the view the body ofter deoth. ending Med. Director 23D. ADDRESS 1514 Division	Stoff Phys. Street	23B, DATE SIGNED	ed on the dote
A	that (I) (we) lost saw the decard haur and from the causes 23A. SIGNATUE	Saunde	on 7-17-67 e. (1) (We) (did) (did not) M.D. Att Phy	19 ond the view the body ofter deoth. ending Med. Director 23D. ADDRESS 1514 Division	Stoff Phys. Street	nian deoth occurr	
A	and haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B, DAT REMOVAL (Specify)	Saunde	e. (1) (We) (did) (did not) M.D. Att Phy TS M.D. C. NAME OI CEMETERY of CR	nond the view the body ofter deoth. ending	Stoff Phys. Carron (Ci	238, DATE SIGNED	(Stote)
24	and haur and from the causes 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B, DAT REMOVAL (Specify)	Saunde	on 7-17-67 e. (1) (We) (did) (did not) M.D. Att Phy TS M.D.	nond the view the body ofter deoth. ending	Stoff Phys. Carron (Ci	23B, DATE SIGNED	(Stote)

F.H.

1701 Laurens St.

VS 150-REV. 1/1/65



the chief medical examiner

must

certificate

and

hospital

occurred

death

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. South Carolina 67 6892 Registered Na. CERTIFICATE OF DEATH t or contributing cause of death Undetermined cause; (5) Deceased Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) uo 7-14-67 Dondra Thomas eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ance A. STATE Maryland (If not in hospital or institution, give street FULL NAME OF Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) attend INSTITUTION 10 Provident Hospital, Inc. D. STREET ADDRESS prior 1514 Division Street (If rural, give location Baltimore, Maryland 21217 made. regular 8. DATE OF BIRTIES AVENUE 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoy Negro Single 5-12-1966 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) = South Carolina infant Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct 4 NATHANIEL LOWERY THOMAS CLARETHA death O T kind; 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO attendance any pronounced CAUSE OF DEATH 10 DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH Pneumonitis fracture (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. 11 meons the diseose, regular injury ar camplication which coused death.) ANTECEDENT CAUSES ho DUE to pneumonia and heart failure are 4 DISEASES OR CONDITIONS, if any, giving 3 Severe anemia, iron deficiency 3 la the obave cause (A) stating the physician before the remains UNDERLYING CONDITION last. Was medical (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED by 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notify medical examiner) nature; MEDIC obtained 9 (Month) (Doy) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (except While At Not While (APPROX.) At Work and Work any July 22. I certify that (1) (this haspital) attended the deceased fram 19 67 July 14, pe that (1) (we) last saw the deceased alive an.... 40 eath) hospital the body was released must and have and from the causes stated above, (1) (We) (did) (did not) view the bady after death. shows: (1) An accident 23A, SIGNATURE T Attending Phys. Stoff T35 M.D. Med. 0 approval Director 0 23C. PHYSICIAN'S prior at NAME (Type) Dr. L. Santos Hospital D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify BALTIMORE 67 MOUNT AUBURN Was SC. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. MORTON & DYETT VS 150-REV. 1/1/65

Claretta Thomas - mother SAME INTERVAL BETWEEN ONSET AND DEATH Congestive heart failure secondary 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) 19 67 to July and that in (my) (aur) apinian death accurred an the date 23 B, DATE SIGNED 7-15-67 Division Street (City, town, or county) 1701 Laurens St.

8:20 Pm

If Under 24 Hrs. Hours Min.

Hours

If Under 1 Yr. Months: Doys

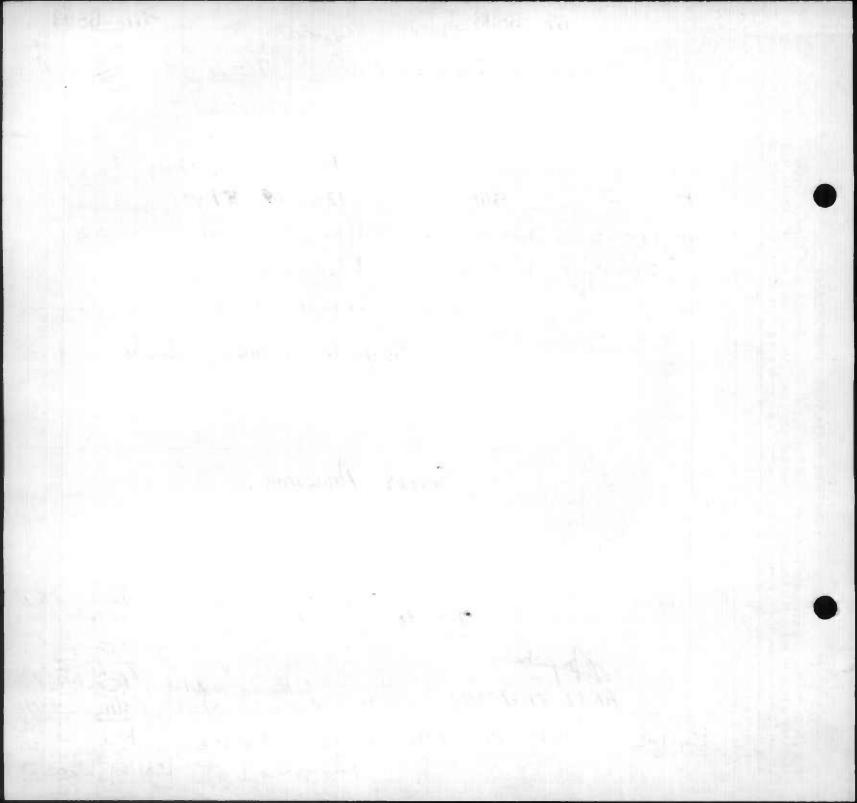
12. CITIZEN OF WHAT COUNTRY?

U.S.A.

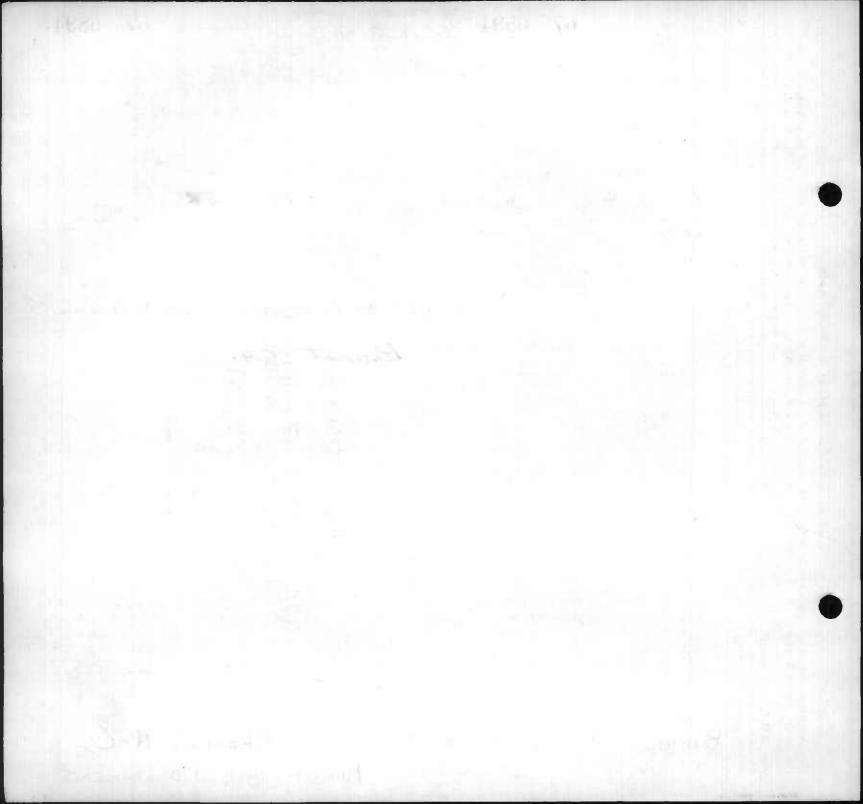
ADDRESS

4 > 4 delicate a law broken and 2003 0 135

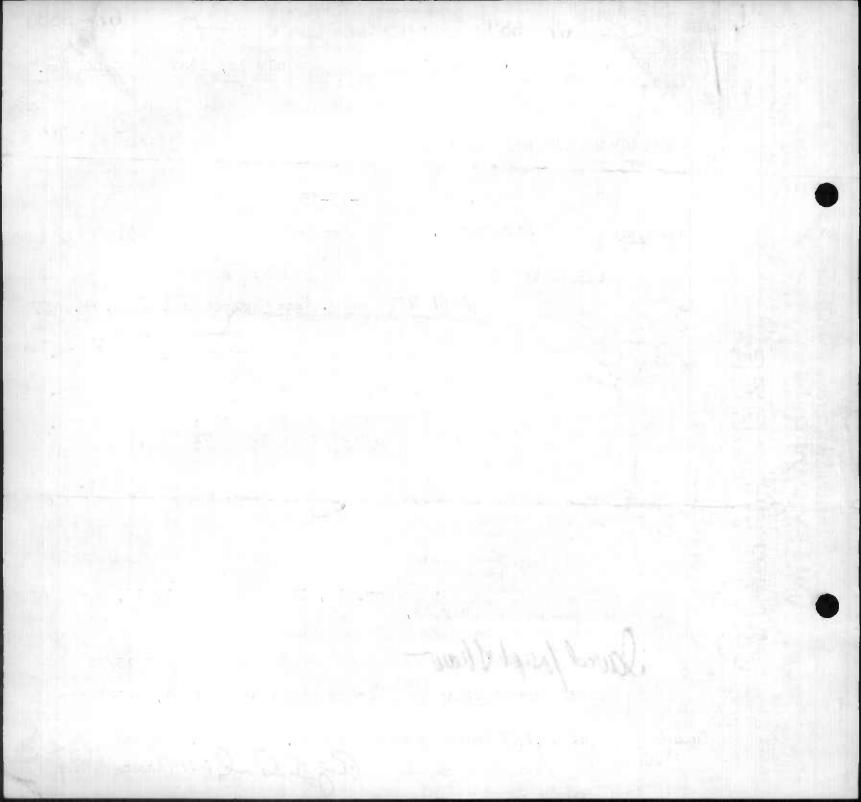
*	00 0003	BALTIMORE CITY	HEALTH DEPARTMENT		67 6002
	TH NO.	CERTIFICA	TE OF DEATH	Registered No.	67 6893
1, N	AME OF DECEASED		2, DATE AN	D HOUR OF DEATH	
	PLACE OF DEATH IN BALTIMORE, MARYLAND	TLLI	4, USUAL RESIDENCE (Where A, STATE B. COUN		7 9-15 A. stitution; residence before odmissi
H	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location) NSTITUTION	1	C. CITY OR TOWN OF OUT	Y land side city limits, write i	RURAL and give township)
1	utheran Hospital of Mary	pland.	D. STREET ADDRESS (III	timere	16-0
1	46		1233 1). Yilm	
5, 5		IVORCED (specify)	12-23-09	9. AGE (th years lost birthday) 57 40	If Under 1 Yr. If Under 24 Months Doys Hours Mir
don	WAITTESS RESTAU		Pikesville	Md.	WHAT COUNTRY?
	OSborne HollA	nd	FLARENCE	STEPN	ey
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	-110 1	1028 GIMBYE
-	18. 0 0 0 /1	CAUSE O	KRNEST H	olland 1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6.	1. La) P. La	nonory tub	ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	DUE TO	pected Rulm	ronory run	acu lor o
	heort loilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)		,		•
	ANTECEDENT CAUSES	DUE TO	***************************************	***************************************	
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the	(C)			
	UNDERLYING CONDITION Iosi,	1 -7	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	**************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Sovers	Anagomia		-700
ICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED		YES	IN CERTIFYING CA	
CALC	21A. ACCIDENT WAS UNDERLYING 21B. PL, home, etc.)	ACE OF INJURY (e.g., in form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
MEDI	OF INJURY	JURY OCCURRED At Not While	21 F. HOW DID INJI	URY OCCUR?	
	(APPROX.) Work	At Work			
	22. I certify that (I) (this hospital) attended the	deceased fram	7-13-	9 67 10	7-16-196
	that (i) (we) last saw the deceased olive on	7 - 16 -	19 6 7 and the	ot in(my) (aur) api	nion death accurred on the
	and hour and fram the couses stated above. (1) (∀e) (did) (dld not) v	iew the bady after death.		
	23A. SIGNATURE	M.D. Atte	nding Med.	Staff Phys.	7-16-67
	23C. PHYSICIAN'S NAME (Type) ANIL M-JOSI	4I M.D.	730 Appless Luthera	n Hospital	of Maryland
24/	BURIAL CREMATION, 248. DATE 24C. NAMI	- A /		OCATION (C	ity, town, or county) (State
25/	SURIAL 1-2067 MI	HUBUR	25C. FUNERAL DIRECTOR	A 140;	Ma .
234		Farbuna	MORTON +	Durtt 1	701 LAYRENS
	and the second of the second o	,		187 03	,



	AME OF DECE	ASED	-/1	-1	,				ND HOUR OF I			4
	LACE OF DEA	TH IN BALTI	MORE, MAR	F/O	ride	E,			July 1967 Fre defensed live NTY	7. ed. If ins	titution: residence	before of
H	TULL NAME OF	addeas	e or location	or institution,	give street HOSp	. Tal	c. CITY OR			, write Rl	URAL and give to	wnship)
	34						D. STREET	ADDRESS (II	Benfalo		<i>t</i> .	
5. S	F	6. RACE		WIDOWE	Dowed	D (specify)	8. DATE OF	-/9/4	9. AGE (In year	DFS.	If Under 1 Yr. Months Doys	If Unde Hours
	. USUAL OCCU a during most of w				etired			ACE (State or for		a	12. CITIZEN OF WHAT COU	NTRY?
13.	Thomas	s T. p	earl	7				lary E	_	7		
(Yes	was Deceased (, no or unknown)	Ever in U. S.	Armed Forc	es? s of service)		SS-733	17. INFORM	ANT	proak		N. Ben	
U	18. DISEAS	O X I		ECTLY	77020	CAUSE O				100	INTERVA	AL BETW
		LEADING T				(A)	Dreak	1 0	4.			
	heart failure,	asthenia, ela	. II means			DUE TO						
	hearl failure, injury ar cam	osthenia, eld blicalian wh NTECEDEN	t. II means ich caused T CAUSES	the disease death.)	,	(B)			7.470 8.07 00 8.00 00 00 00 00 00 00 00 00 00 00 00 00			*********
	heart failure, injury ar cam	osthenia, elo olicalian wh NTECEDEN R CONDITI abave c	c. II means ich caused T CAUSES IONS, if a ause (A)	the disease death.)		(B)						
ATION	heart failure, injury at cam A DISEASES O rise la the	asthenia, elablication who interest the condition of the	ich caused T CAUSES ONS, if a ause (A) N last,	The disease death.) any, giving stating the	i G	(B)						
RTIFICATION	heart failure, injury ar cam A DISEASES Orise to the UNDERLYING OTHER SIGNIT TO THE DE	asthenia, ela lication wh NTECEDEN R CONDITI abave c CONDITIO IL ICANT CON ATH BUT	ich caused T CAUSES IONS, if a ause (A) N last. IDITIONS CC NOT RELACAUSING IT	Ihe disease death.) ony, giving stating the ontribution to till.	IG HE 7	(B) DUE TO (C)				WERE FI	INDINGS CONSI	DERED
CAL CERTIFICATION	heart failure, injury as cam DISEASES Orise to the UNDERLYING OTHER SIGNIT TO THE DE DISEASE OR 1	asthenia, etclication who intecedent R CONDITION CAS UNITING CAS	T CAUSES ONS, if a ause (A) North Relactions CAUSING IT 198. CONT WAS PERFUSED ISE OF	Ihe disease death.) any, giving stating the ontribution for the transfer of transfer of the transfer of t	WHICH OPE	(B) DUE TO (C) CPLERATION	20 A. AU		ON CERTIFYI		INDINGS CONSI USES OF DEATH? City, give exoct	
U	DISEASES OF THE SIGNIFE TO THE SIGNIFE TO THE DISEASE OF THE DATE OF THE DISEASE OR TO THE DISEASE OR	asthenia, etclication who intecedent R CONDITION CAS UNITING CAS	T CAUSES ONS, if a ause (A) N last. DITIONS CAUSING IT 198. CONI WAS PERF	Ihe disease death.) ony, giving slaling lihe ONTRIBUTINTED TO TIT. DITION FOR ORMED (Hour) 211	WHICH OPE	(B) DUE TO (C) RATION INJURY (e.g., interpretation), street, o	20 A. AU'	TOPSY? (Yes or N	lo) 208. IF YES, IN CERTIFYII			
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	asthenia, etclication who NTECEDEN R CONDITION CONDITION CONDITION CONDITION CONDITION T WAS UNITING CAL medical example (Month) (D	T CAUSES ONS, if a cause (A) in last. DITIONS CO. NOT RELA- CAUSING IT 198. CONT WAS PERF! OY) (Year) s haspital)	the disease death.) any, giving stating the stating t	WHICH OPE B. PLACE OF me, form, foc.	(B) DUE TO (C) ERATION INJURY (e.g., i ctory, street, o CCURRED Not Whill At Work ed from	20A. AU' n or obout 21- lfice bldg., tN	TOPSY? (Yes or N	JURY OCCUR?	Boltimore	City, give exoct	locotion)
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	asthenia, elcilication who NTECEDEN R CONDITION CONDITION FICANT CONDITION OPERATION T WAS UNITING CAL medical exam (Month) (D	T CAUSES ONS, if a cause (A) in last. DITIONS CONTROL NOT RELACAUSING IT 198. CONT WAS PERF DERLYING ON ON (Year) s haspital)	the disease death.) any, giving stating the stating t	WHICH OPE B. PLACE OF me, form, foc INJURY Or thile A1 the decease	(B) DUE TO (C) ERATION INJURY (e.g., i ctory, street, o CCURRED Not Whith At Work ed from	n or obout 21 Iffice bldg., IN	TOPSY? (Yes or N	JURY OCCUR?	Boltimore	City, give exoct	locotion)
MEDICAL C	DISEASES OF THE DISEASE OF THE DISEA	nathenia, electrical in the condition who was until the condition of the c	T CAUSES ONS, if a cause (A) in last. DITIONS CONTROL NOT RELACAUSING IT 198. CONT WAS PERF DERLYING ON ON (Year) s haspital)	the disease death.) any, giving stating the stating t	WHICH OPE B. PLACE OF me, form, foc INJURY Or thile A1 the decease	(B) DUE TO (C) (C) (RATION INJURY (e.g., i ctory, street, o CCURRED Not Whill At Work and from (y) (dld not) v	n or obout 21/lfice bldg., IN	TOPSY? (Yes or N O C. WHERE DID JURY OCCUR? F. HOW DID IN	JURY OCCUR?	Boltimore	City, give exoct	locotion)
MEDICAL C	DISEASES OF THE DISEASE OF THE DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	Dathenia, electrician who was the nia abave of CONDITION CONDITION OPERATION T WAS UNITING CALING AND CALING CALI	T CAUSES ONS, if a cause (A) in last. DITIONS CONTROL NOT RELACAUSING IT 198. CONT WAS PERF DERLYING ON ON (Year) s haspital)	the disease death.) any, giving stating the stating t	WHICH OPE B. PLACE OF me, form, foc INJURY Or thile A1 the decease	(B) DUE TO (C) (C) (C) (ERATION INJURY (e.g., i clory, street, o CCURRED Not While At Work and from (J) (did not) w M.D. Att. Phy	n or obout 21/lfice bldg., IN	C. WHERE DID JURY OCCUR? F. HOW DID IN G. J. and to the day after death. Med. Director	JURY OCCUR?	Boltimore	July 15	locotion)
MEDICAL C	heatl failure, injury at cam A DISEASES Or ise to the UNDERLYING OTHER SIGNIT TO THE DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T)	AATION, [24]	T CAUSES ONS, if a cause (A) in last. DITIONS CONTROL NOT RELACAUSING IT 198. CONT WAS PERF DERLYING ON ON (Year) s haspital)	the disease death.) any, giving stating the stating t	WHICH OPE B. PLACE OF me, form, foc i.) E. INJURY Of the decease (1) (We) (dic	(B) DUE TO (C) (C) (RATION INJURY (e.g., i ctory, street, o CCURRED Not Whill At Work and from (J) (did not) v M.D. Attr. Phy M.D. METERY of CR	n or obout 21/lfice bldg., IN 21/le	F. HOW DID IN Med. Director S S CA CA CA CA CA CA CA CA	JURY OCCUR?	ur) apin	July 15	19 rred an



		1 5 1	BALTIMORE CITY	HEALTH DEPARTMENT		67	6895
BIRTH		689	CERTIFICA	TE OF DEATH	Registered No	07	0000
	CASE NO. ME OF DECEASED				AND HOUR OF DEATH		
(Туре	or Print) KERR, EDWAR!	D W.		Jul	y 15, 1967	14:00) a. M
3. PL	ACE OF DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence	before odmission)
HC	LL NAME OF (If not in hospital OSPITAL OR oddress or location		give street	MARYLAND C. CITY OR TOWN (IF	BALTIM	ORE C	washin)
IN	STITUTION			CHASE	outside only mining, with K	53	-00
3	THE JOHNS HOPE	KINS H	OSPITAL		(If rurol, give location)		
-				EBENEZER	ROAD		
5, SE)	ALE WHITE	WIDOWED	NEVER MARRIED D, DIVORCED (specify) RIED	8. DATE OF BIRTH 4€25-13	9. AGE (In years lost birthday)		If Under 24 Hrs. Hours Min.
	ISUAL OCCUPATION (Give kind of work lyring most of working life, even if retired)			11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COU	NTRY?
	Nurseryman.	Ladnsc	ape (o.	Maryland		USA	
13. FA	THER'S NAME			14. MOTHER'S MAIDEN N	AME		
	LEC VE	20		MINI	VIE ELY		
15. W	as Deceased Ever in U.S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	3 I be les les l	ADDRES	S
	No	0. 00111007	214 01 3175	Ada E. Kerr &	benezer Road,	Chase, M	H. 21027
_	502.01		CAUSE O			INTERVA	L BETWEEN
	DISEASE OR CONDITION DIE	RECTLY				ONSELA	AND DEATH
	LEADING TO DEATH This does not mean the mode of	dvina on	(A) CEI	REBRAL ANOXI	A 20 HYPER-	6	mos.
1	eort foilure, osthenio, etc. It meons	the discose,		TENSIVE HEAR!	r DISEASE &		
'	njury or complication which caused ANTECEDENT CAUSES	deoin.)	CHRON	DIC OBSTRUCT:	IVE LUNG DI	SEASE 6	mos.
	DISEASES OR CONDITIONS, if	ony, giving	DUE TO	. 00 dbd 0 0 m n 00 0 0 0 0 m m m m 0 0 m m m m			P-0-99-2 AM SAM SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
F	se to the obove couse (A)		(c) ESSI	ENTIAL HYPER		6	mos.
	INDERLYING CONDITION Iosi.		EMP	HYSEMA and BI	RONCHITIS		
1 2	THER SIGNIFICANT CONDITIONS COTOR THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING I	TED TO TH	POLYMYOS	SITIS		6 mos	
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FI	INDINGS CONSID	
CERTIFIC				Yes	IN CERSIFFING CAU	ISES OF DEATH:	
_ 0	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EATH (notify medical examiner)		e, form, factory, street, of	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact le	ocation)
0 2	D. TME (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID II	NJURY OCCUR?		
> I	APPROX.)	Whi	ile At Not While	e			
2	2. I certify that (I) (this hospital		NTA	ov. 17, 1966	19 to Jul	y 15,	10 67
	nat (I) (we) lost sow the decease		July 15	19 67	that in (my) (our) opin	ion death accur	red on the date
	nd haur and fram the couses stat						
- I	A. SIGNATURE	1 1 2	11.	new me body direct deam	10	238, DATE SIGNE	D
	Wwed 18	sign	Well M.D. Atte	ending Med. Director	Stoff Phy s	7/15/67	
2	C.PHYSICIAN'S NAME (Type)			23D. ADDRESS	1173.		
	David C	Joseph	Shaw M.D.	Johns Hopkin	ns Hospital	, Baltim	ore
24A.	BURIAL CREMATION, 248. DATE	24C. N	AME of CEMETERY OF CRE			y, town, or county)	
R	removal (Specify)	1967	acred Heart o	8 Janua Com	Baltimore, Ma		
	DATE REC'D BY WEALTH DED!	258. NAME C	OF REGISTRAR	25C TYNERAL DIRECT	OR I'M		RESS
	201 TA 1861 (5)	Cab &	Stalle MA	The 2 C	Cal 1211 (hesaco Av	enue
VS 15	0-REV. 1/1/65	1		0			

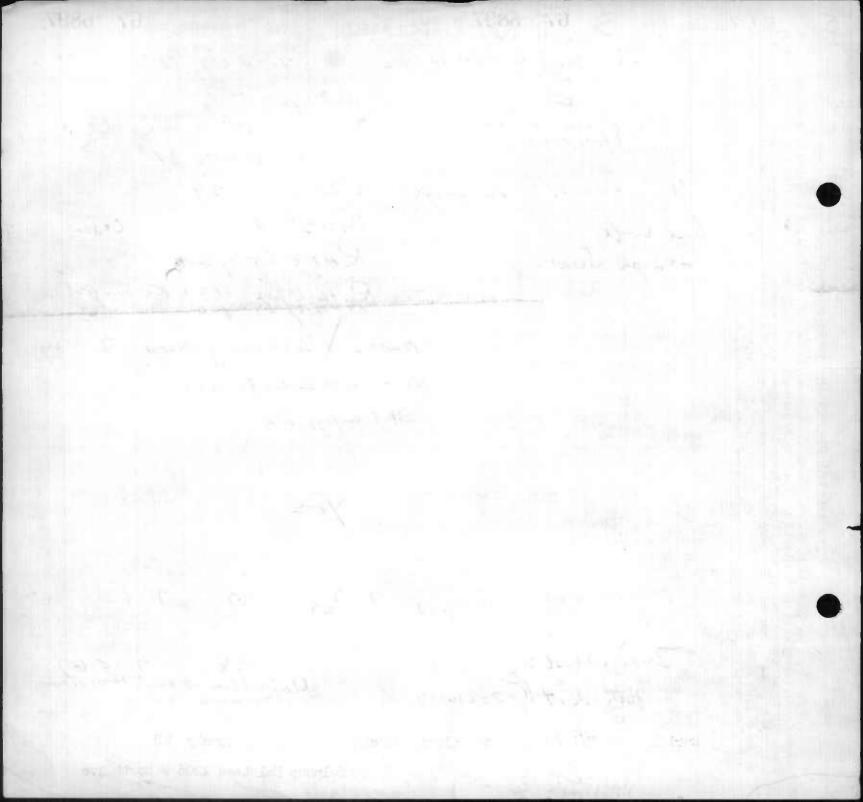


67. 6896 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67. 6896

M.E. CASE NO.				
1. NAME OF DECEASED		2. DA1	E AND HOUR PRONOUNCED	
Lillie Carter	MC INTYRE		July 16, 1967	7:30 A. M.
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE ()	Where deceased lived. If institu B. COUN	tion: residence before odmission) TY
FULL NAME OF (IF NOT IN HOSPITA	L OR INSTITUTION, GIVE STREET	Maryland	A CALL TO A CALL TO A CALL TO A	HARAL Let be L'al
HOSPITAL OR ADDRESS OR LOCA	non)		outside corporate limits, write R	UKAL ond give dwnsnip/
0 - 11 - 77 - 11 1		Baltimore	19	
7 Provident Hospital		D. STREET ADDRESS (I		
			nsylvania Avenue	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specily)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Female Negro	Widow	4-10-1913	54	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		S.C.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME -	
Thomas Cheatham		Nora Che	atham	
15. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes	212-32-2130	Meg. Althen	0 Bannon, 1811 1	Etting St.
118.		OF DEATH	o bennong roar	INTERVAL BETWEEN
E 13 (0.17		OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY Fat	ty Alteration	of Tiver	
(This does not meen the mode of heart failure, asthenia, etc. It means	dying, e.g., DUE TO	Ly Alteration	OT HIVEL	00000000
injury or complication which coused of	leoth.)			
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF A	NY, GIVING (B)		••••••••••••••••	
RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.	ATING THE			
	(C)			
OE II				
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL				6 7 1
H DISEASE OR CONDITION CAUSING	it. <u>nemop</u> e		to Laceration o	
19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAUSE	
		Yes		Yes
VIA. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	home, form, foctory, street,	in or obout 21C. WHERE office bldg., INJURY OCCL	DID (If in Boltimore City, give JR?	exoct location)
O UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.) Unknown	Unkı	nown	0-00
21D TIME (Month) (Doy) (Year) OF INJURY			O INJURY OCCUR?	
(APPROX.) Unknown	MHILE AT NOT	WHILE X appare	ntly fell on rig	ht flank
22.		[37]		
			an this basis, death in my	
resulted fram: Natural cau	Suicident X Suicid	le Hamicide	Undetermined manner	
1110	11 500		L EXAMINER	DATE SIGNED
SIGNATURE THE	5 - / A (-M.D	-ASSISTANT MEDICA	L EXAMINER X	
EXAMINER'S Werner	U. Spitz(M.D.	ASSOCIATE MEDICA	AL EXAMINER	7/16/67
NAME (Type)	Y		000	
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23C. NAME OF CEMETERY	OI CREMATORY	23D. LOCATION (City, 1	owo, or county) (Stote)
Burial 7-21-6	7 Mt. Auburn	1	Baltimore, M	aryland
24A. DATE REC'D BY HEALTH DEPT.	248, NAME OF REGISTRAR	24C. FUNERAL DIR		ADDRESS
JUL 19 196	Robert E. Farbait	Charles R	Lew, 802 Madia	son Ave.
VS 151-REV. 1/1/65 N 8-6	4.2	1 6 9 0	12	

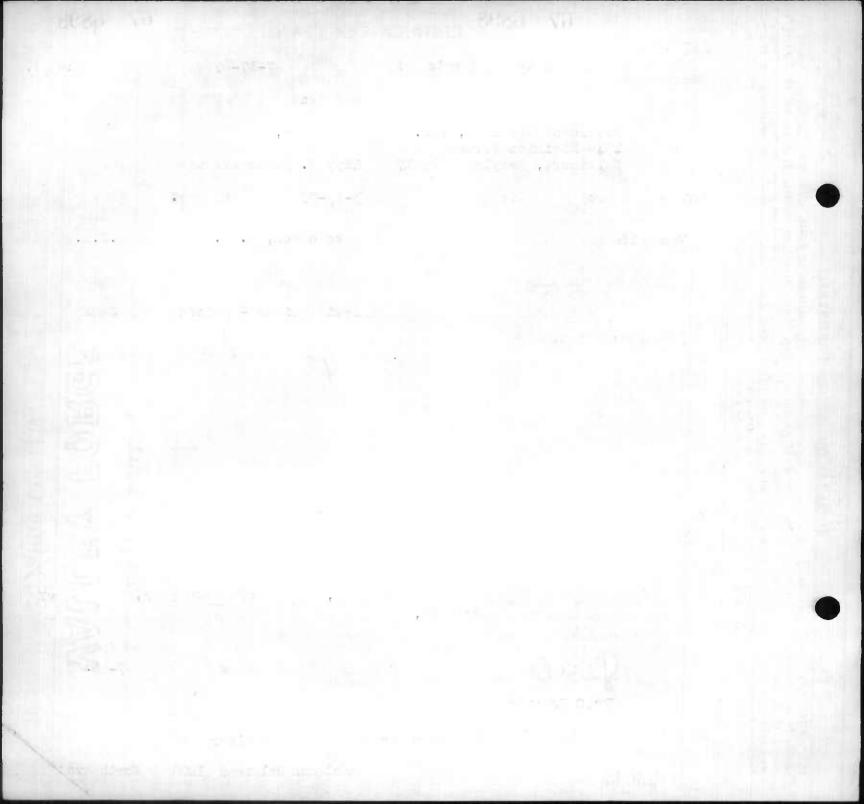
attange. AND PROPERTY AND ADDRESS OF THE PARTY OF THE and the second second Charles . Law to the charles

SIRTH NO.	h/ hxy/			
	67 6897 CFRI	IFICATE OF DEATH	Registered No	67 6897
M.E. CASE NO. 1. NAME OF DECEASED			ND HOUR OF DEATH	
(Type or Print) Simp	SON EDNA A	DE-C 7-	4.67 7	my 7 W
3. PLACE OF DEATH IN BALTIMORE				titution; residence before admissio
		A. STATE ARGCA	NTY	
FULL NAME OF (If not in ho HOSPITAL OR oddiess or l	spital or institution, give street		otside city limits, write RI	
INSTITUTION () & DET	Prity of Mid	13DITIM		JRAI and give sownship
- 0 1 tosi	rsiry of Mld.		rurol, give location)	9.0
3 %			AYETTE S.	T.
<u> </u>	7. MARRIED, NEVER MARR		1-	
S. SEX Q 6. RACE	WIDOWED, DIVORCED (specify) 2/7/70	9. AGE (In years lost birthday)	Months Doys Hours Min.
	, 455		-/	
OA. USUAL OCCUPATION (Give kind lone during most of working life, even if re			eign country)	12. CITIZEN OF WHAT COUNTRY?
hee wife		Marylas		cesm
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	ME	
to Sigh Jo:	NES	KATIEL	Siporp	
5. Was Deceased Ever in U. S. Arm	ned Forces? 16. SOCIAL	17, INFORMANT	/	ADDRESS -
(Yes, no or unknown) (II yes, give word	or dotes of service) SECURITY		s 1/22 1	Covin Rd.
		CHARRY'S	implon	
18.5 / 8 X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITIO	N DIRECTLY	10	- 0	
LEADING TO DE	EATH (A	CARDIAC & RESPI	entres umas	so s-xun
(This does not meen the man		UE TO 7	1	
injuly at camplication which c		BP ONCHO-DIFE RA	Times	
ANTECEDENT CA	AUSES	Beonesto Plann	7 63/447	
DISEASES OR CONDITIONS	, if any, giving	131 6		
rise la the abave cause	(A) slaling the (C	let tempy Emas	************************	
	(A) slaling the (C	Rt EmpyEnen	***************************************	
rise la the abave cause UNDERLYING CONDITION la	(A) slating the (C	let EmpyEnes		
nise to the abave cause UNDERLYING CONDITION to:	(A) stating the (C st. ONS CONTRIBUTING RELATED TO THE	of tupy ener		
NOTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT.			NDINGS CONSIDERED
NOTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CALLS	(A) stating the (C st. ONS CONTRIBUTING RELATED TO THE			NDINGS CONSIDERED SES OF DEATH?
NOTHER SIGNIFICANT CONDITION COUNTY OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF OPERATION 198. WA	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERATORS PERFORMED	TION 20A. AUTOPSY? (Yes of N	o) 208, IF YES, WERE FI	SES OF DEATH?
NOTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISSASE OR CONDITION CAU: 19A. DATE OF OPERATION 19B. WA 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERATORS PERFORMED VING 218. PLACE OF IN. home, form, loctory		o) 208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH? City, give exact locotion)
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NOTHER SIGNIFICANT CONDITION INTO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF CONTROL OF CONTRO	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. CONDITION FOR WHICH OPERA SPERFORMED (ING 218. PLACE OF IN. home, form, loctory etc.) (Yeor) (Hour) 21E, INJURY OCCI While At Work	JURY (e.g., in or about 21C. WHERE DID IN JURY OCCUR? URRED Not While At Work	(II in Boltimore	SES OF DEATH? City, give exact location)
nise la the abave cause UNDERLYING CONDITION la:	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERA: (S) PERFORMED (ING 218. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI While At work spital) attended the deceased	JURY (e.g., in or about 21C. WHERE DID NJURY OCCUR? URRED 21F. HOW DID IN At Work	(II in Boltimore	SES OF DEATH? City, give exoct locotion)
nise la the abave cause UNDERLYING CONDITION la:	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERA: (SPERFORMED) (Year) (Hour) 21B. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI While At spital) ottended the deceased ceosed alive on/	JURY (e.g., in or about 21C. WHERE DID NJURY OCCUR? URRED 21F. HOW DID IN Not While At Work 19 ond to 19 ond to 19 ond to 19	O) 208, IF YES, WERE FIN CERTIFYING CAU (II in Boltimore JURY OCCUR?	SES OF DEATH? City, give exoct locotion)
nise la the abave cause UNDERLYING CONDITION la: OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF CONTRIBUTING CAUSE OF INJURY (APPROX.) 21. I certify that (I) (this had that (I) (we) lost sow the demand hour and from the cause	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERA: (SPERFORMED) (Year) (Hour) 21B. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI While At spital) ottended the deceased ceosed alive on/	JURY (e.g., in or about 21C. WHERE DID NJURY OCCUR? URRED 21F. HOW DID IN At Work	O) 208, IF YES, WERE FIN CERTIFYING CAU (II in Boltimore JURY OCCUR?	SES OF DEATH? City, give exoct locotion)
nise la the abave cause UNDERLYING CONDITION la:	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERA: (SPERFORMED) (Year) (Hour) 21B. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI While At spital) ottended the deceased ceosed alive on/	JURY (e.g., in or about 21C. WHERE DID NJURY OCCUR? URRED 21F. HOW DID IN Not While At Work 19 ond to 19 ond to 19 ond to 19	JURY OCCUR?	SES OF DEATH? City, give exact location)
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NOTHER SIGNIFICANT CONDITION In: OTHER SIGNIFICANT CONDITION In: TO THE DEATH BUT NOT DISEASE OR CONDITION CAU: 19A. DATE OF OPERATION 19B. WA 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D. TIME (Month) (Day) 21D. TIME (Month) (Day) 22. I certify that (I) (this had that (I) (we) lost sow the demand hour and from the cause 23A SIGNATURE 23C. PHYSICIAN'S NAME (Type)	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERAT OF PERFORMED (Year) (Hour) 21E, INJURY OCCI While At Spitol) ottended the deceased ceosed alive on stated above. (I) (We) (did) (JURY (e.g., in or about 21C. WHERE DID (N) INJURY OCCUR? URRED 21F. HOW DID IN At Work from 19 ond to did nat) view the body ofter death. M.D. Attending Med. Director 22D. ADDRESS	JURY OCCUR? 19 6.7	SES OF DEATH? City, give exact locotion) 19.67 ion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occ
rise to the obove cause UNDERLYING CONDITION to: II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAU: 19A.DATE OF OPERATION 19B. WA 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (notify medical examiner) 21D. TIME (Month) (Day) 21. I certify that (I) (this had that (I) (we) lost sow the demand hour and from the cause 23A. SIGNITURE 23C. PHYSICIAN'S NAME (Type) 110 110 110 110 110 110 110 1	(A) stating the (C) st. ONS CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERAT (SPERFORMED (ING 218. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI While At spitol) ottended the deceased of the consequence of the	JURY (e.g., in or about 21C. WHERE DID (N) INJURY OCCUR? URRED 21F. HOW DID IN At Work from 19 ond to did nat) view the body ofter death. M.D. Attending Med. Director 22D. ADDRESS	JURY OCCUR? 19 (3) to	SES OF DEATH? City, give exact location) 19 6
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rise to the abave cause UNDERLYING CONDITION to: II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH BUT NOT DISEASE OR CONDITION CAUSE OF THE DEATH (Notify medical examiner) 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (this has that (I) (we) lost sow the defend hour and from the couse 23A SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DA	(A) stating the st. CONTRIBUTING RELATED TO THE SING IT. L CONDITION FOR WHICH OPERA: (Year) (Hour) 21B. PLACE OF IN. home, form, loctory etc.) (Year) (Hour) 21E. INJURY OCCI. While At work spitol) ottended the deceased ceosed olive on stated above. (I) (We) (did) (JURY (e.g., in or about 21C. WHERE DID INJURY OCCUR? URRED Not White At Work from 19 ond to did not) view the body ofter death. M.D. Attending Med. Phys. 23D. ADDRESS M.D. 23D. ADDRESS 24D. WERY OF CREMATORY 25C. FUNERAL DIRECTO	O) 208. IF YES. WERE FIN CERTIFYING CAU (II in Boltimore JURY OCCUR? 1967. to	City, give exact locotion) 1-14 19 67 ion death occurred on the de 238. DATE SIGNED 7-14-67 14-67 14-67 15-16-16-16-16-16-16-16-16-16-16-16-16-16-
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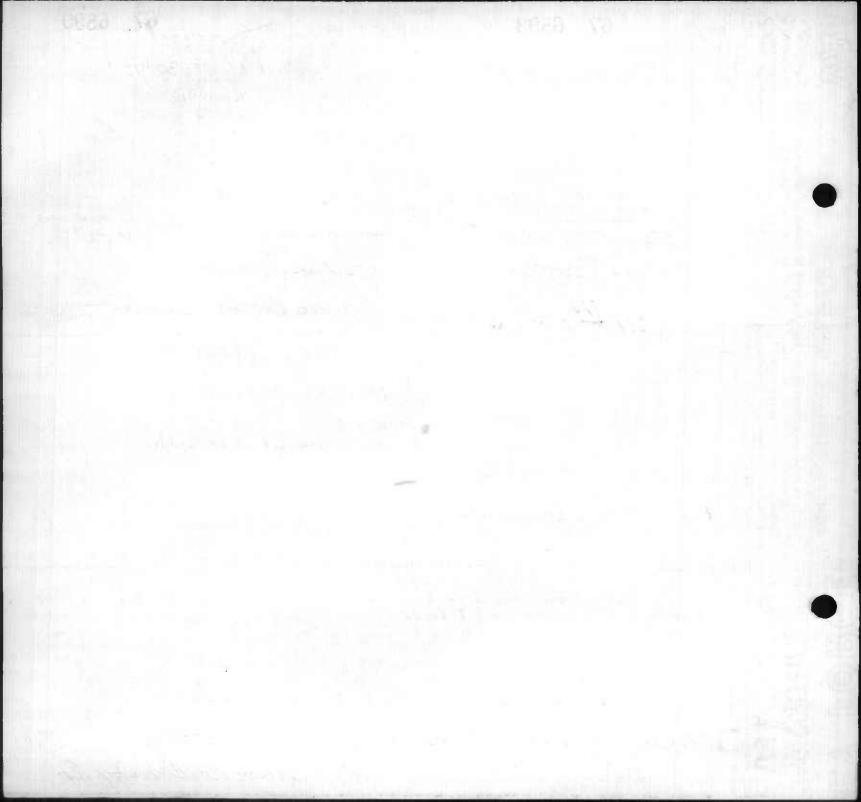
_ CO,	n a hospital and cause of death (1) use; (5) Deceased tendance on the r to death. Such)
ANT	tant if death occurred in direct or contributing and; (4) Undetermined capath was in regular at on the deceased prior	al alsposition is made.
FUNERAL DIRECTOR: IMPORTANT	xaminer or his assis caminer. Also, if the A fracture of any ki who pronounced de regular attendance	Ire empaimed or rin
FUNERAL DIRI	ved by the chief medical enhospital by a medical ennature; (2) Body burns; (3) ept where the physician at (6) No physician was in	dined before the remains of
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death (1) shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death). Such	Written approval must be obtained before the remains are embaimed or final disposition is made.

ype or Print)	Eva Fir	nley	(Levis)	2. DATE	7-17-67		3:45
FULL NAME (OF (II not in hospital		n, give street		Where deceased lived, If in: DUNTY	stitution; residen	ce before odmi:
HOSPITAL OR	oddress or locotio	n)		C. CITY OR TOWN	f outside city limits, with	URAL ond give	to w/ship)
	Provident	Hosp	ital, Inc.	Baltimore,		-0	/
39	1514 Divi	sion	Street	D. STREET ADDRESS	(If rural, give location)		1
01	Baltimore	. Mar	yland 21217	1657 W. No	rth Avenue		
SEX	6. RACE	7. MARRII	D, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr.	, If Under 24
Female	Negro	Sin	VED, DIVORCED (specify)	5-15-07	60 yrs.	Months	Hours N
			OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN C)F
one during most of	working life, even if retired)					WHAT CO	DUNTRY?
Touse	ewife			Washington	D. C.	U.S	.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
. Was Decease es,no or unknow	d Ever in U. S. Anned Fo	rces? es ol service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	RESS
			(3)	Lewis Oliv	er - Friend	SA	ME
18. / 2	1111		CAUSE O	F DEATH		INTER	VAL BETWEEN
TOISEA	SE OR CONDITION DI	RECTLY		0 -	. 1- 1	ONSE	T AND DEAT
	LEADING TO DEATH		(A)	Coral de	of that	Alla Ora	10
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	not mean the mode of				•		
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	HEALTH DEPARTMENT	65 6600
BIRTH NO. 67 6899 CERTIFICA	TE OF DEATH Registered No.	67 6899
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Type or Print) BRANKS 1711 REDT 1	7.16-67. 8:30	P.M M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If inst	itutian: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	MARYLAND GLEN BURNIE	9.9.Co
HOSPITAL OR address or lacation) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RU	JRAL and give township)
LUTHERAN HOSPITAL OF MARYLAND	BALTIMORE	52-00
	D. STREET ADDRESS (If rurol, give location)	2 -3 (1 -0)
40	6206 FLAMINGO DT.	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
MALE NEGRO MARRIED	11.1.01	William St. Doy's Hools William
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
done during most ol working life, even if retired)	11.8.A.	11. S. A.
NONE		U. 3. H.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Fauton Brooks	Fillet Johnes	
15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	to Buch	
18. CAUSE O	James Doors So	ene-
J2/1/ 1/2/.	P DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ADIDATION ADDECT	
(This does not mean the made of dying, e.g., DUE TO	SPIRATORY ARREST	
heart failure, asthenia, etc. It means the disease,		
injury ar camplication which caused death.)	MONARY EMPHYSEMA +	
ANTECEDENT CAUSES (B) // C/C		
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the) MQ 10	
II Place	nut-rition due to CA Hadd	er
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FII	NDINGS CONSIDERED
7.5.67 PB. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUS	SES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	fice bidg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY		
(APPROX.) Work AI Work		
22. I certify that (this haspital) attended the deceased from	6.13 1967 10 7.	16 . 1967
that (I) (we) lost sow the deceased alive on 7-16-67	19ond that in(my) (our) opini	ion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did not) v		
23A. SIGNATURE		23 B. DATE SIGNED
O M.D. Atte		7.16.67.
Phy		7.10.01.
23C. PHYSICIAN'S NAME (Type) SHEIKH, SHEREE N. M.D.	Lutheran Hospital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION Scily	, lown, or county) (Stote)
Bluis Dalacity n21-62 mt nahous	(d. t Brand)	luk mil
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OBJEREGISTRAN	250 FUNERAL DIRECTOR	ADDRESS VIGA
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN	Man No. 1: 1	M L
JUL 19 1301 (1123000	enoquellan longs	autil 11-
V\$ 150-REV. 1/1/65		/



VS 150-REV. 1/1/65

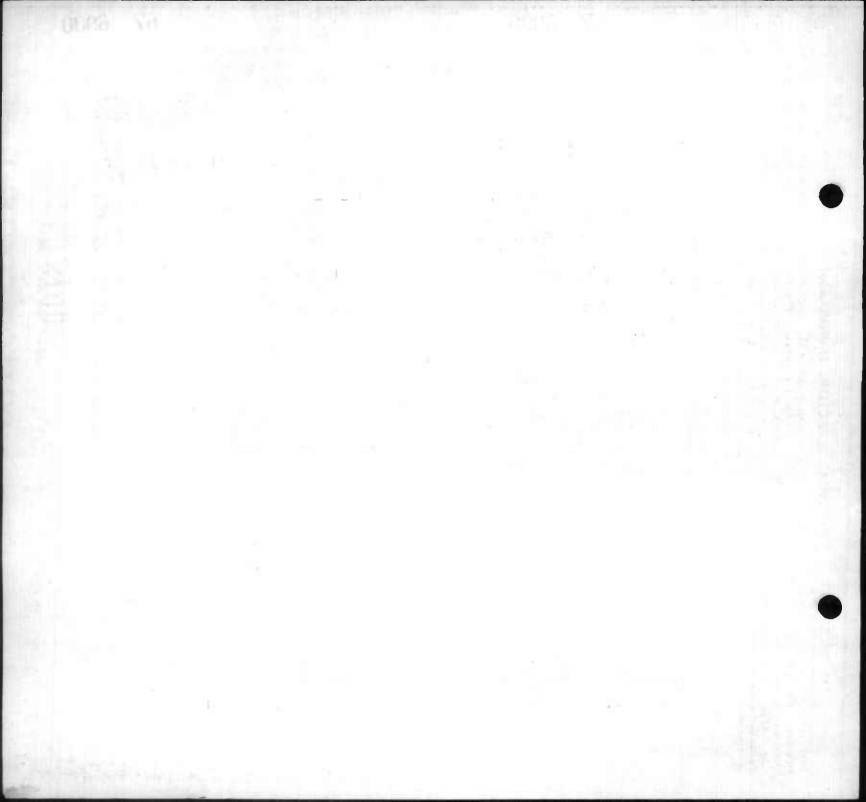
Such

Deceased

		CM COOO BALTIMORE CITY	Y HEALTH DEPARTMENT
		H NO. 67 6900 CERTIFICA	ATE OF DEATH Registered No. 07 5900
		CASE NO. AME OF DECEASED .	2. DATE AND HOUR OF DEATH
	(Тур	JEFFERSON LIVINGSTO	0N 7/18/67 8 man N
	3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
		ULL NAME OF (If not in haspital or institution, give street oddress or location)	MARYLAND / 10 7
		NSTITUTION Oddress of loconom	C. CITY OR TOWN (If outside city limits, write RURA) and give township) BALTIMORE
		THE JOHNA HOPKINS HOSPITAL	D. STREET ADDRESS (If rurol, give location)
		33	1012 NORTH WASHINGTON STREET
B	5. 5	EX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. lost birthday) Months: Days Hours Min.
E		MALE NEGRO MARRIED	11-14-08 58
		USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY during most of working like, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Cety Worker School	South Carolina USA
000	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
2		EDWARD JEFFERSON	MAMIE HODGES
	15. (Yes	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT
		No	Vonselle Tinnestor Same
5		18. / 6.2. / 1 CAUSE O	OF DEATH ONSET AND DEATH
5		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ROLL	NCULOVAR CARCINOWA OF
E		(This does not mean the made of dying, e.g., DUE TO	VCHIOLAR CARCINOWA OF THE LUNG
0		hearl failure, asthema, etc. It means the disease, injury ar camplication which caused death.)	
=		ANTECEDENT CAUSES	
are		DISEASES OR CONDITIONS, if any, giving	
2		rise la lhe abave cause (A) stating the (C)	
B	_	- 11	
ren	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
e The	CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Detor	A	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in home, form, factory, street, all etc.)	in or about 21 C. WHERE DID (If in Boltimare City, give exact location)
	SIC	210 7145 (44-44) 10-1 17-4 (14-1) 215 144419 25 24419	

AL BETWEEN AND DEATH DERED location) OF INJURY While At Not While (APPROX) At Work 22. I certify that (this haspital) attended the deceased from ond that in (py) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Altending Phys. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME | Type) 23D. ADDRESS JOHN FLAHERTY T. HOPKINS JOHNS HOSPITAL BURIAL CREMATION, 248. DATE 24C. NAME Of CEMETERY OF CREMATORY 24D. LOCATION (Stote) (City, town, or county) 258. NAME OF REGISTRAR ADDRESS

M.



		OPI O	BALTIMORE CITY	HEALTH DEPARTMENT		67 6901
BIR	TH NO.	67 69	OUL CERTIFICA	TE OF DEATH	Registered Na	07 0301
	E. CASE NO.				ID/HOUR OF DEAT	н
(Ty	pe or Print) RUHWAD	EL, E	THEL E.	7	118/67	" 7.15 PM
3.	PLACE OF DEATH IN BALTIMOI	RE MARYLAND		A. STATE B. COUN		institution: residence before admission)
	HOSPITAL OR address or	ospitol or instituti locotion)	ion, give streot	C. CITY OR TOWN (IF aus	Isido city limits, write	e RURAL on give township
	INSTITUTION	CDITA	1	BALTIMOR		16-01
	LUTHERAN HO	SPITA	_		iurol, give location)	
-	SEX 6. RACE	7 44 4 00	RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	FW	WIDO	SINGLE	4/7/00	lost birthdoy	Months Doys Hours Min.
	A. USUAL OCCUPATION (Give kind ne during most of working lile, even if		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife	Ov	wn Home	Maryland		U S A
13.	FATHERS NAME			14. MOTHER'S MAIDEN NA		
15		George Ru			a V. Thomas	ADDRESS
(Ye	Was Deceased Ever in U. S. Ames, no or unknown) (If yos, give wor	or dotos of servi	SECURITY NO.	17. INFORMANT		t. Md. 21216
_	No		None	Roland G. Ruhwa	adel 3101 N	Normount Ave
	DISEASE OR CONDITION	ON DIRECTLY	CAUSE	P DEATH		ONSET AND DEATH
	LEADING TO D		(A) CHR	ONIC LARGE BO	WEL OBSER	RUCTION 7 WEEK
	(This does not meon the mo		e.g., DUE TO	aanaa aanaa aanaa aanaa aa aa aa aa aa a	ந்தி நிழு நடித்த இரியுக்கி நிழு நிழு நிழு நிழு நிழு நிழு நிழு நிழ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	injury or complication which			CINOMA OF R	SECTUM	
	ANTECEDENT C		DUE TO	т динунравия 0,6 бур 0 00 0 0,6 ф 0 00 00 00 00 00 00 00 00 00 00 00 00		
	rise to the obove couse		_			
	UNDERLYING CONDITION IN	osl.				
ATION	OTHER SIGNIFICANT CONDITI					
CAT	DISEASE OR CONDITION CAL	I SING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yos or No	DI 20B. IF YES. WER	E FINDINGS CONSIDERED
RTIFIC	O W	AS PERFORMED	or which or example	No		AUSES OF DEATH?
CAL CE	OR CONTRIBUTING CAUSE C	OF _	21B. PLACE OF INJURY (o.g., i homo, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
MEDI	2) D. TIME (Month) (Dov)	(Yoor) (Hous)	21E INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
5	(APPROX)		While At Work Not Whi At Work	· · ·		-1
	22. I certify that (1) (this he	spital) attend	ed the deceased fram		19ta	7/18 19 6/
	that (1) (we) last saw the de	eceased alive	an	19 6 / and th	at in(my) (aur) a	pinian death accurred an the date
	and have and from the cause	es stated abav	e. (1) (We) (did) (did nat)	view the bady after death.		
	23A. SIGNATURE	M.D.	M.D. An	onding Med.	Stoff FC	238. DATE SIGNED
	7.00	M.D.	Phy	s. Director	Phys.	1/18/07
	23C. PHYSICIAN'S NAME (Typo) FERNAN	DO QUE	TRAL M.D.	23D. ADDRESS LUTHER	AN 4089	PITAL
24	A. BURIAL CREMATION, 24B. D.	ATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION	(City, town, or county) (State)
	Burial 7/2	2/67	Woodlawn		Woodlawn,	Md.
25	A. DATE REC'D BY HILL T GEN	1967 ° 7	ME OF REDISTRAN	Wm. Cook-Bre	Baltimore	Md. 21202 1217 St. Paul St.
1/5	150 BEV 1/1/45			BI.	- III LIII I	Des raur Des

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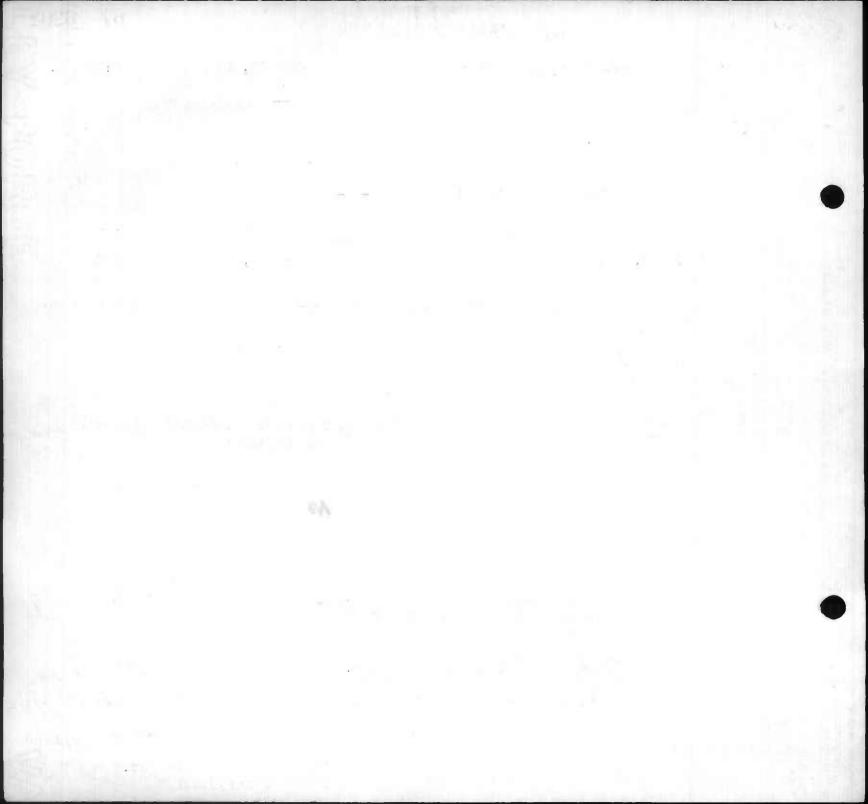
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Such

		BALTIMORE CITY	HEALTH DEPARTMENT		CM CDDO
BIRTH NO. M.E. CASE NO.	7 690	32 CERTIFICA	TE OF DEATH	Registered Na	67 6902
1. NAME OF DECEASED			2. DATE AN	ID HOUR OF DEATH	
(Type or Print) Rosenberger	May F	tta	July 1	7, 1967	7:10 A. M.
3. PLACE OF DEATH IN BALTIMORE, MA	RITAND		4. USUAL RESIDENCE (When	re deceased lived. If insti	tution: residence belore odmission)
FULL NAME OF (II not in hospital HOSPITAL OR address or location INSTITUTION		give street		Baltimore Circleside city limits, write RU	RAL and give lownship)
BOLTON HILL CONV. & NU	TRSING C	ENTER	Baltimore D. STREET ADDRESS (IF	rurol, give location)	9.00
			1832 E. 29th	St.	
5. SEX 6. RACE White	WIDOWED	NEVER MARRIED D, DIVORCED (specify) OWed		9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
done during most of working life, even if retired) Housewife	at	Home	Delaware, Wi	ilmington	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
Wilkinson, George			Clara	, Anna T	azewell
15. Was Deceased Ever in U. S. Armed For (Yes,no or unknown) (II yes, give wor or date		SECURITY NO.	17. INFORMANT		ADDRESS
NO		217 01 6145	BOLTON HILL NUR	RSING CENTER	1400 John St.
DISEASE OR CONDITION DIR	DECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH		10 10/2	usestando CV	disease	21 140
(This does not mean the mode of heart laiture, asthenia, etc. It means injury or camplication which coused	the disease,	DUE TO			7
ANTECEDENT CAUSES		(8)	interesceptors 9	zerelezel	News
DISEASES OR CONDITIONS, if		DUE TO	ppertense CV Internations 9 Colvielle letter	- belief	noths
UNDERLYING CONDITION last.		ana connection of	Pres Della	4.10	
OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH	3			
	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. hom etc.)	e, lorm, loctory, street, ol	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(II in Boltimore C	City, give exact location)
21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		INJURY OCCURRED ILL Not While At Work		URY OCCUR?	
22. I certify that (I) (this hospital) attended th	he deceased fram	16/2	19 67 ta	7/17 1967.
that (1) (we) last saw the decease	d alive an	7/1	7 19 67 and the	at in(my) (aur) aplnic	an death accurred an the date
and have and from the causes stat	red abave. (I) (We) (did) (dld nat) v	lew the bady after death.		
23A. SIGNATURE	MI	M.D. Atte	ending Med.	Stolf Phys.	38. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	v 4		230 ADDRESS	An CF	Q M M1 .
24A. BURIAL CREMATION, 24B. DATE	77'	ME of CEMETERY OF CRI	TZ, TZ	OCATION (C)	10 10 1/2
Burial 7/20/6	67 Wo	odlawn Ceme		oodlawn KXX	www, or county (Stote) **EXXXXX Maryland
JUL 19 1967 P.C	25B. NAME C	Falley MA	Henry Sand	der & Sons	Inc.

V\$ 150-REV. 1/1/65

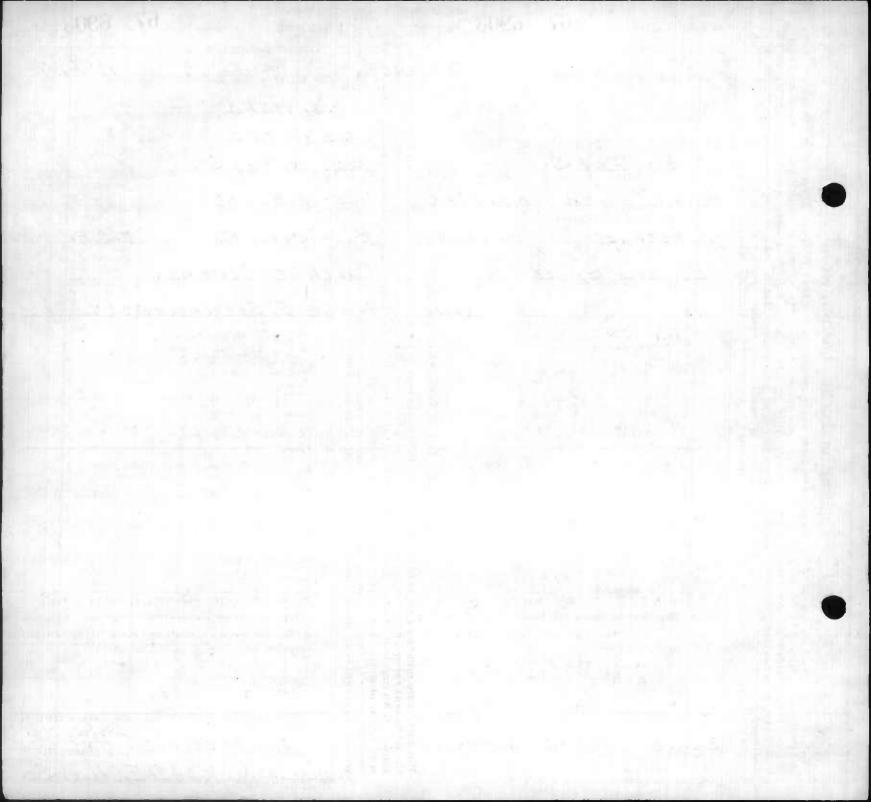
Baltimore Maryland



FUNERAL DIRECTOR: IMPORTANT

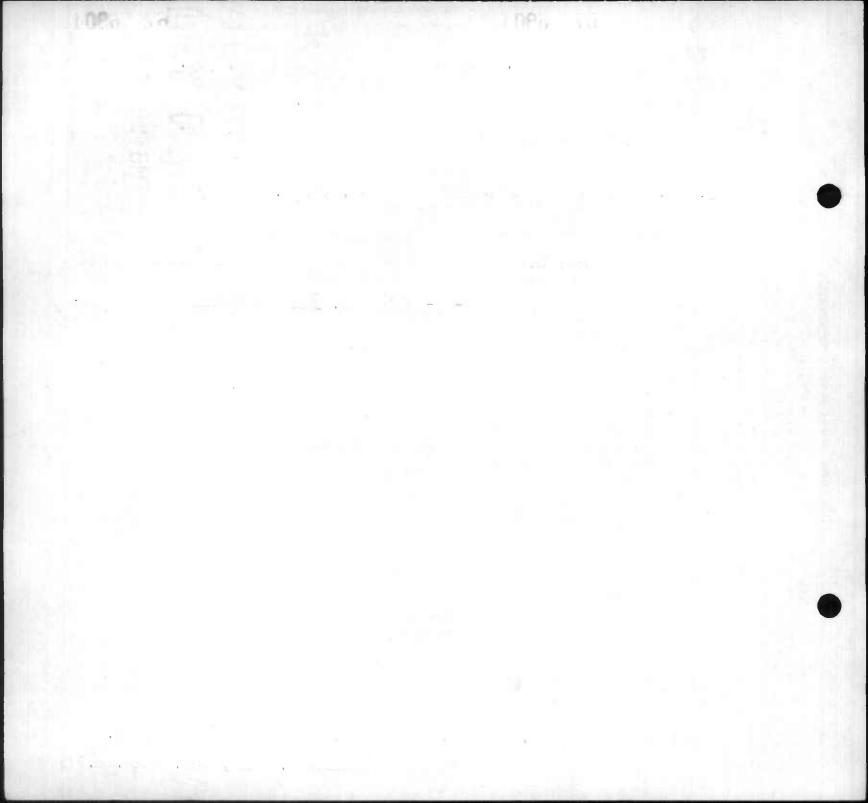
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death, shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

012 000	BALTIMORE CITY	HEALTH DEPARTMENT		00 000	
ыятн но. 67, 690	3 CERTIFICA	TE OF DEATH	Registered Na	67 690	3
M.E. CASE NO. I. NAME OF DECEASED			D HOUR OF DEATH		
(Type or Print)	C			111.1	n m
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Stevens	4. USUAL RESIDENCE (When	o deceased lived. If ins	litution: residence befor	to admission)
FULL NAME OF (If not in hospital or institution, g HOSPITAL OR oddross or location) INSTITUTION	ivo stroet	C. CITY OR TOWN / Ilf outs	sido city limits, write RI	JRAL and give townsh	(p)
00		D. STREET ADDRESS III	urol, give location)	_6	
1223 N. Gay St.		1.223 N. G.	av Str		
	NEVER MARRIED DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If U Months: Doys Hours	Inder 24 Hrs.
Female Coloned Max	pried.	9-25-1893	72		
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	17. BIRTHPLA CE (Stote or foreig	on country)	12. CITIZEN OF	77
	1 40	12 -1	101	7/ 0 0	
13. FATHER'S NAME	y hone	14. MOTHER'S MAIDEN NAM	NE PAR	1 11.5.19	4
= 1 1 1		0	M		
Edward Gross	1.6 500141	Caroline	Forema	ADDRESS	4-1
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yas, give war or dates of service)	SECURITY NO.	17. INFORMANT		ADDKE22	
No	NONE	Geonge E.	Stevenso	N 12.23 N.G	29 V SI
18. 442 XI	CAUSE O	F DEATH	0	INTERVAL BE	
DISEASE OR CONDITION DIRECTLY	AL.	1 1	nal o	ON SET AND	o can
LEADING TO DEATH	(A) CM	our Carvia	Jas culas	6 W 0	2
(This daes not meen the made of dying, e.g., heart failure, asthenia, etc. It meens the disease, injury ar complication which coused death.)	DUE TO		ease		
ANTECEDENT CAUSES	(B)	**************************************	~~~		
DISEASES OR CONDITIONS, if any, giving	DUE TO				
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PP-00-00-00-00-00-00-00-00-00-00-00-00-0	
11					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B.	HICH OPERATION	20A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FI	NDINGS CONSIDERED	0
OR CONTRIBUTING CAUSE OF home	PLACE OF INJURY (o.g., if	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locali	on)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
U OF INJURY	e At Not Whil				
Worl	At Work				
22. I certify that (I) (this hospital) attended th	e deceosed fram	2:10-1	967 10 3	- 14	19.6.7
that (I) (we) lost sow the deceased alive on	(-14-	19.6.7and the	ot in (my) (our) opin	ion death occurred	on the date
and hour and from the causes stated above. (1)	(We) (did) (dld not) v	iew the body after deoth.			
23A. SIGNATURE				23B. DATE SIGNED	
Went Der	M.D. Atte	ending Med. Director	Stoff Phys.	7-18.67	
23C. PHYSICIAN'S		23D. ADDRESS	,	1000	
NAME (Type)	M.D.	1)37 > 0		4	
24A. BURIAL CREMATION, 24B. DATE 24C, NA	ME of CEMETERY OF CRE	MATORY 24D LC	CATION (City	, town, ar county) ,	(Stote)
REMOVAL (Specify)	/	240. [0	(CII)	Baler	, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME O	HONZ! CEME	25C FUNERAL DIRECTOR	IFreden	ICK AV	9
JUL 19 1967 P. P. S. NAME O	FREGISTRAR	25C FUNERAL DIRECTOR	0010	ADDRESS	5
- 100. UpQuo C	, Janou Mil	Naudalal J.C.	slick 24.	3/F-0/1V	erSt
VS 150-REV, 1/1/65		11/1/		5VC=3	

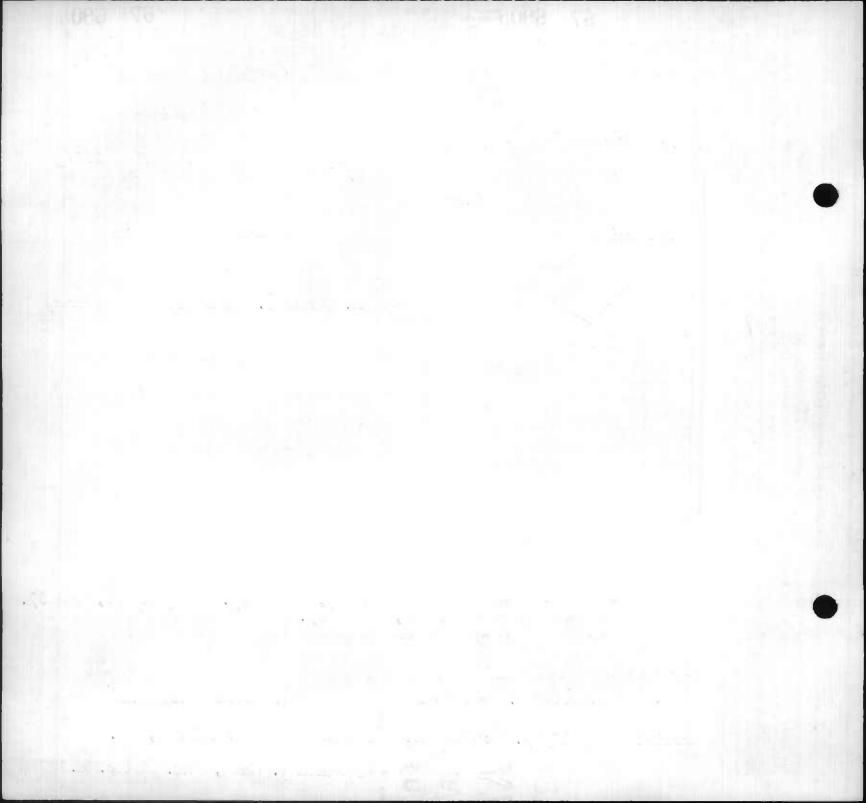


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

000	BALTIMORE CITY	HEALTH DEPARTMENT		CM C004
BIRTH NO. 67, 6904	CERTIFICA	TE OF DEATH	Registered Na	67 6904
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH	
(Type or Print) Myrtle L.	Reagan	July	16,1967.	230 P. M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
FULL NAME OF (If not in hospital or instituti	ing awarehood	Md.		7703
HOSPITAL OR oddress or location) INSTITUTION	ion, give street		side city limits, write	RURAL and give township)
5006 Morello	Parl		Baltimore	21214
() 5000 morello	Νοαα	D. STREET ADDRESS (If	rurol, give location)	
0 9		50	006 Morell	lo Road
	HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Days Hours Min.
	LVORCED (specify)	Dec. 4, 1892.	lost birthdoy 74	Months; Boys Hours; Min.
DA. USUAL OCCUPATION (Give kind of work 108. KINE	OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF
one during most of working life, even if retired)	Hotel	Maryland		WHAT COUNTRY?
(ashler) T	locer	14. MOTHER'S MAIDEN NAI	AE	us i
		THE MOTHER'S MAIDEN HA		Langrall
Levin Hurle	V	121	Occavic	
5. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) III yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	214-14-7071	Mrs. France	s Heintz	(Same)
18. 237 VI	0.41100.0			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		rebral thro	, .	ONSET AND DEATH
LEADING TO DEATH	(A) CE	rebral thre	mbosis	18 mos -
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO	> > > = 1		
injury or complication which coused death.)	27	feriosoli mos	a a a a a un l	ized 3 years -
ANTECEDENT CAUSES	(B) 7777	CTIUSCULYUSC	Sigerieras	304
DISEASES OR CONDITIONS, if any, gir	ving		*	
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	The (C)			
The state of the s				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO				
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?
J 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	IIf in Boltimore	e City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner)	home, form, foctory, street, of	nce bidg., INJURY OCCUR!		
D 21D-TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
OF INJURY	While At Not White			
(APPROX.)	Work Al Work		-	
22. I certify that (I) (this hospital) attend	ed the deceased fram	seplember.	19 4/ 10 MM	14 16 194
that (I) (we) last saw the deceased alive	an SULY	10 19 6 / and th	ot in (my) (our) opi	nion dooth accurred an the da
and hour and fram the causes stated abav	e. (1) (We) (did) (did nat) v	iew the bady after death.		
23A_SIGNATURE	/			238, DATE SIGNED
James K K	anno. Atte	ending Med.	Stoff Phys.	July 16.190
23C. PHYSICIAN'S		23D. ADDRESS	rnys.	0009/20/1/2
MAME IType) DMES P X	ARNS M.D.	800 CATA	EDRAL:	ST. BALTIMOR
V JAMESTICAL		000 C////		mo
24A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	C. NAME of CEMETERY OF CRI		0 1	ity, town, or county) (Stote)
Burial 7/19/67.	Druid Ridge (emetery	Baltimo	
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1 0	Balto.Md. 21214
JUL 20 196/ 1022	rent E. Jankou M. R.	Leonard J. K	uck, ync.	Dalto.111a.21214
/\$ 150-REV. 1/1/65	/ 1	0 4 0 1 4		



W. 34	101	BIRT	H NO. 67 6903		HEALTH DEPARTMENT	Registered No.	67 6905
bas	ased the the Such	M.E	AME OF DECEASED		2. DATE AND	HOUR OF DEATH	950
200	(5) Dece	3. F	LACE OF DEATH IN BALTIMORE, MARYLAND	2	4. USUAL RESIDENCE (Where A. STATE B. COUNT		itutian; residence before admission)
, c	cause o se; (5) D andance to deat	F	ULL NAME OF (If not in hospital or institution, give structure) OSPITAL OR oddiess or location)	- 1 1			RAL ond give township)
	cau atte	0	38 UNIVERSITY HO	spilal		and, give location) Among A	VE. 21213
	0000	5. S	EX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO		B. DATE OF BIRTH 9		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
4	0 0 - 0 -		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSIN during most of working life, even if refired)				12. CITIZEN OF WHAT COUNTRY?
P #:	direct o ; (4) Un th was in the disposit	13.	Henry Faul	1	Marylar 14. MOTHER'S MAIDEN NAM		,
FANT	9 9 9	15. Yes	11 6/67.	CURITY NO.	Mr. James T.	GRIMME	ADDRESS
OR	any keed ced condan		18. 4 6 0 1 DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH	wheatey	() ame) INTERVAL BETWEEN ONSET AND DEATH
C	Als		LEADING TO DEATH (This does not mean the mode of dying, e.g., head failure, asthenia, etc. 11 means the disease.	(A) Pr	ICUMONIA		
ECTOR:	fracture to pron gular embalr		injuly at complication which caused death.) ANTECEDENT CAUSES	(B) Ans	realisación de M	ascular disas	re
02	000 = =		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	(C) Hy	ipoplastic /	Aremia	
AL	medical dy burns; physicia cian was	ATION	THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
UNER	Body the ysici	ERTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
u	tal No bei	CAL	2TA. ACCIDENT WAS UNDERLYING 21B. PLACE home, form pearth (notify medical examiner)	E OF INJURY (e.g., in foctory, street, offi	or obout 21C. WHERE DID injury occur?	(If in Boltimore (City, give exact location)
yd bey	pt pt (6)	MEDI	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJUR (APPROX.) While At Work	Not While At Work	21 F. HOW DID INJU	RY OCCUR?	
	any (exc ; an		22. I certify that (+) (this hospital) attended the dec that (+) (we) last saw the deceased alive anJ.	eased from J	une 9, 19	67 to Ju	Ly 16, 19 67.
e C	sed pint o pita eath ust b		and haur and fram the causes stated above. (We)	(did) (didasət) vi	ew the bady after death.	2	3B, DATE SIGNED
8	W E A		230, PHYSICIAN'S NAME (Type) M. 1 (111)	Phys.	3D. ADDRESS	hys. 🗵	7-16-67
	the body was rel shows: (1) An acc was D.O.A. at a deceased prior to written approval		BURIAL CREMATION, 24B. DATE 24C. NAME of	CEMETERY OF CREA		ersity Hosz	
9	the body shows: (1) was D.O. deceased written a	25A	Burial 7/21/67. Loudo Date REC'D BY HEALTH DEPT. 258 NAME OF REGI JUL 20 1967. Plus E	n Park (25C. FUNERAL DIRECTOR	Baltimore	, Md. ADDRESS Balto.Md. 21214
F.	sho was dec	VS	JUL 20 1901 (Token) 2	, TOWNS I'M	Leonard y. R	uck, Inc.	Balto.111d.27214



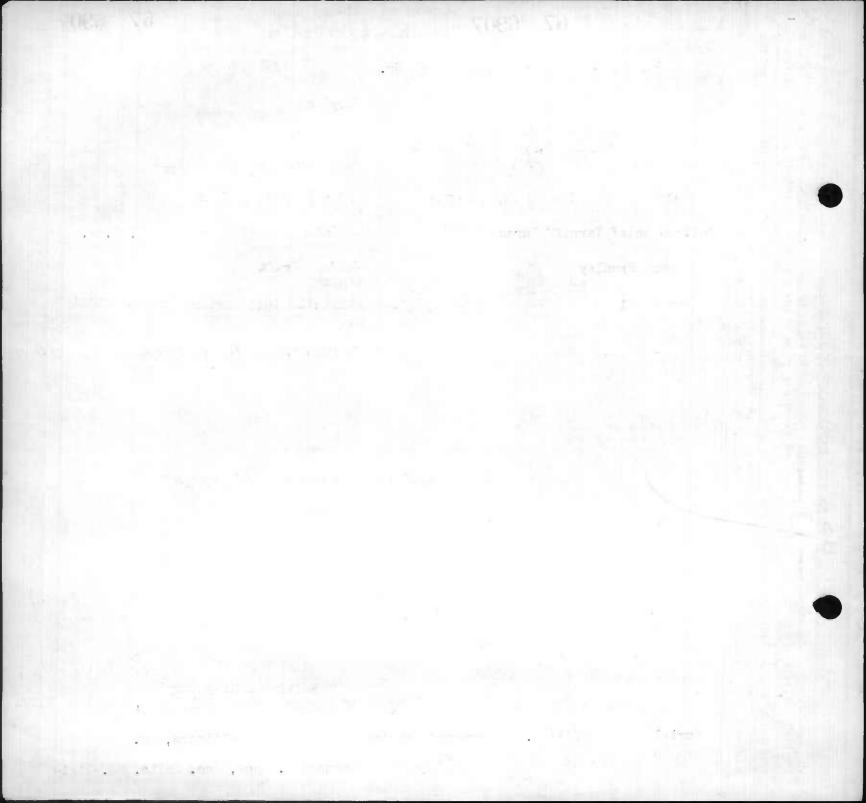
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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FUNERAL DIRECTOR: IMPORTANT	ine act act ula
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	ho ho nat
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4	40 to 10 to
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	de de mu
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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	されるメウス

BIRTH	NO. 67	6906 BALTIMORE CITY	TE OF DEATH	Registered Na.	67 6906
1, NA	CASE NO. ME OF DECEASED or Print) EMERSON W.]	POTTER, SR.	2, DATE A	ND HOUR OF DEATH	2 P
2 01		OTIMIC, OIC.		,	, . M.
FU	LL NAME OF (If not in hospital or institut OSPITAL OR oddress or location)	ion, give street	Maryland c. city or town Baltimore	NTY	stitution: residence before odmission) Leading Structure (Structure)
(5072 E. Federal S	t.	D. STREET ADDRESS (1) 5072 E. Fed	eral St.	
5. SE	WIDO	RIED, NEVER MARRIED OWED, DIVORCED (specify) TT1 6d	8. DATE OF BIRTH NOV. 27, 1891	9. AGE (In years lost birthdoy) 75	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. L	ISUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF
	Gas Business- ret ¹ d		Virginia		WHAT COUNTRY? USA
13. FA	THER'S NAME		14. MOTHERS MAIDEN NA		
	Nelson Potter			Unknown	
(Yes, n	as Deceased Ever in U. S. Armed Forces? to or unknown! (If yes, give wor or dates of serv Unk.	16. SOCIAL SECURITY NO. 215-28-8662	MEXXXE Mrs. E	sie W. Potte	ADDRESS (Same)
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O		Occlusion	INTERVAL BETWEEN ONSET AND DEATH
	This does not meen the mode of dying, neoit laiture, osthenia, etc. It meons the disenjury or complication which coused deeth.) ANTECEDENT CAUSES	e.g., OUE 10	ute Coronary Asterios clus h	the Hent	Skehn ?
	DISEASES OR CONDITIONS, il ony, gi	ving			
	JNDERLYING CONDITION Iosi.	(0)		. O O O O O O O O O O O O O O O O O O O	
<u> </u>	II OTHER SIGNIFICANT CONDITIONS CONTRIBL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	PA. DATE OF OPERATION 198. CONDITION 198. WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
0 2	A. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location!
AED!	ID. TIME (Month) (Doyl (Year) (Hour) F INJURY APPROX.)	21 E. INJURY OCCURRED While At Not While	21 F. HOW DID IN	JURY OCCUR?	
		Work At Work	3/20/17		7/17/17
	 I certify that (I) (this bespital) attend not (I) (we) last saw the deceased alive 	-/1-	1	.19ta	nian death accurred an the date
a	nd haur and from the causes stated above	e. (1) (We) (did) (did nat) v	,		
	BA. SIGNATURE	1			23 B. DATE SIGNED
	O. Jadarana	Phy		Stoff Phys.	7/18/67.
2:	Dr. Vatana Sadar		6801 Belair	Road, Balto.	, Md.
24A.		C. NAME of CEMETERY OF CRE	~		ity, town, or county) (State)
	Burial 7/20/67.	Woodlawn Cemete			ore, Md.
25A.	JUL 20 1967 R.C.	ME OF REGISTRAR	Leonard J. R		alto., Mdl4
VS 15	0-REV. 1/1/65_				

Maria Lander

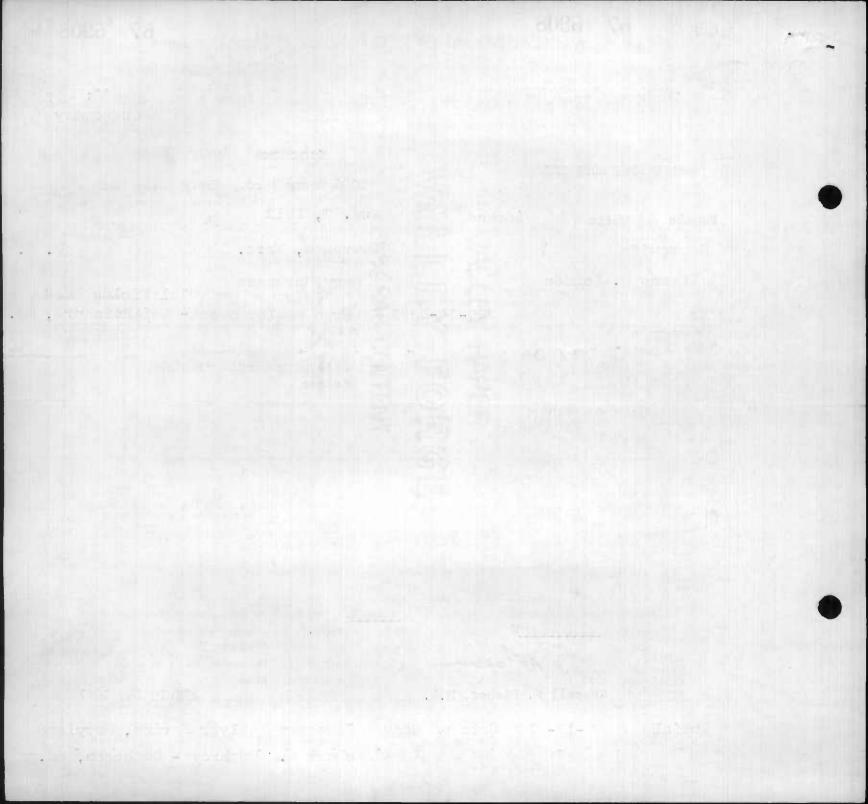
49-	54-63	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death I shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

OPI OI	BALTIMORE CITY	HEALTH DEPARTMENT		CM COOM
erth No. 67 65	907 CERTIFICA	TE OF DEATH	Registered No	67 6907
I.E. CASE NO.	CERTIFICA			
NAME OF DECEASED			D HOUR OF DEATH	1,20
BRADLEY, WI	LSON E. Sr.	18	JULY /	7671 / PM.
PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When		stitution: residence before admission)
			"	7-44
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location)	on, give street	Maryland	100	
INSTITUTION			side city limits, write F	RURAL and give township)
21 4940 Eastern A		Baltimore		
Baltimore, Mar	yland 21224	D. STREET ADDRESS	rurol, give location)	
BALTIMORE CITY HOSI	PITALS	5404 Carter A	venue 212	14
SEX 6. RACE 7. MARRI	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WED, DIVORCED (specify)	1-28-94	lost birthdoy	Months Doys Hours Min.
DA. USUAL OCCUPATION (Give kind of work 10 8, KIND	ARRIED	11. BIRTHPLACE (State or foreign	/->	110 0171511 05
one during most of working life, even if retired)		II. BIKINFEACE (Store of torein	gn country)	12. CITIZEN OF WHAT COUNTRY?
Retired Chief Tarriff Burea	au B&ORR	Maryland		U. S. A.
3. FATHERS NAME		14. MOTHERS MAIDEN NAM	AE	
1723 D 13		T-1:- V 01		
Wilson Bradley		Julia Kraft		
5. Was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes W W 1	705 05 51/05	RECORDS:BCH 494	O Factorn A.	venue 21224
			O Dabtein A	
18. 420./1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		AA .	1	
LEADING TO DEATH	(A)/	MYOCARDIAL	INFARCT	10N 26 dA.
(This daes not meen the mode of dying, e heart failure, asthenia, etc. It means the disea	- g.,			**************************************
injury at complication which coused deoth.)	15 €,			
ANTECEDENT CAUSES	(8)			
	DUE TO			
DISEASES OR CONDITIONS, if ony, giv				
UNDERLYING CONDITION IOSI.	The (C)			*******************************
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
TO THE DEATH BUT NOT RELATED TO		IC RENAL	DICKERCE	
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.		This has so he person
WAS PERFORMED	OK WHICH OFEKATION		IN CERTIFYING CAL	INDINGS CONSIDERED
		NO		
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg. INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCIIP?	
OF INJURY	While At Not While		JKI OCCOK:	
(APPROX)	Work At Work			
22. I certify that (1) (this haspital) attende	d the deceased from 20	2 JUNE 1	96710 18	JOLY 1967.
	/X Tivil) ~~		
that (1) (we) lost saw the deceased alive a	in		of in (my) (our) opin	nian deoth accurred on the date
and have and from the causes stated above	e. (1) (We) (did) (did not) v	iew the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
Malinus Cale	M.D. Atte	nding Med. Director	Stoff Phys.	18 JULY 1967
23 C. PHYSICIAN'S		200 400000		10 302) 1761
NAME (Type)		23D. ADDRESS Baltimor	e City Hosp	itals
Melvyn Tockman	M.D.	4940 Eastern Av	renue Baltim	ore, Maryland 21224
IA. BURIAL CREMATION, 24B. DATE 240	NAME of CEMETERY of CRE			ly, town, or county) (State)
Burial (Specify) 7/21/67.	Parkwood Cemet			
			Baltimore,	
SA. DATE REC'D BY HEALTH DEPT.	AE OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL 60 1301 Bloke	BE. Jarbary	Leonard J. Ru	ick, Inc. Ba	lto. Md. 21214
S 150-REV. 1/1/65				

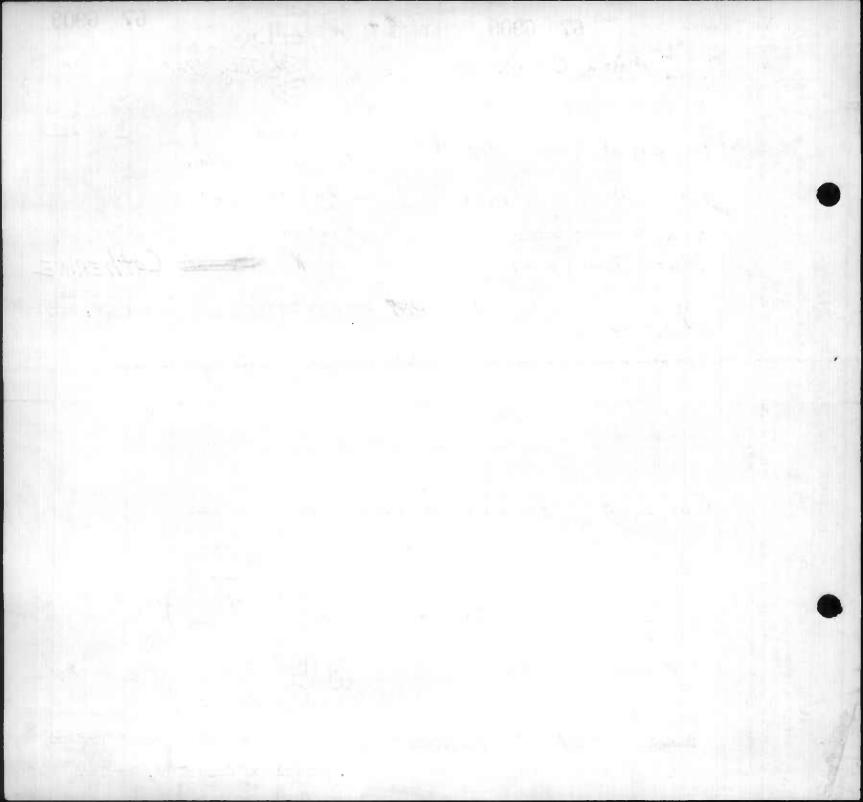


37	6908	BALTIMORE CITY	HEALTH DEPARTMEN	1

BIR	TH NO. MEDI	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registered	0308
	E. CASE NO.		X		
	NAME OF DECEASED			ID HOUR PRONOUNCED	
	NATALIE MARY BOY		Ju	ly 13, 1967	10:41 pM.
3.	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. It instituti B. COUNT	10.41 p.m. ion: residence before odmission) Montgomery (),
HC	LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET ATION)	C. CITY OR TOWN (If outside	le corporate limits, write RU	URAL ond give township)
18	UNIVERSITY HOSPITAI	L	D. STREET ADDRESS III rurol,		ise (65-30)
5	SEX 6. RACE	7. MARRIED, NEVER MARRIED	8304 Kerry Ros	ad Chevy Cha	BSE Md . If Under 1 Yr. If Under 24 Hrs.
F	emale White	Widowed (specify)	Aug. 7, 1912	last birthday)	Months Doys Hours Min.
104	A. USUAL OCCUPATION (Give kind of world	TOB KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE IState or foreig	gn country]	2. CITIZEN OF WHAT COUNTRY?
don	Housewife		Lawrence, Mas	S.	U. S.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	Thomas J. Condon	P FORCES? 16. SO CIAL SECURITY NO.	Mary Harkne	9701	Pields Road
	No	220=34=3323	Kathryn Lawlo	r Shook- Ga	eithersburg, Md
	1B. / 2 / 1	C AU SE	OF DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI LEADING TO DEATH				
	(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which caused	dving e.g. (A)Art	teriosclerotic C: Disease	ardiovascular	
	injury or complication which caused	death./	Dibease		
	DISEASES OR CONDITIONS, IF A	ANY, GIVING (B)			
z	UNDERLYING CONDITION LAST.	IC)	***************************************		
은	il				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	LATED TO THE			
CERT	19A. DATE OF OPERATION 19B. CON WAS PER	FORMED	20A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUSES	
EDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in ar obout 21C, WHERE DID affice bldg., INJURY OCCUR?	(If in Bultimore City, give	exact location)
M	21 D TIME (Month) (Doy) IYear	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	OF INJURY (APPROX.)	m. WHILE AT NOT	WHILE ORK		EMBALICM
	22. I certify that I held an I	nquiry Inspection Aut	tapsy X and that on th	is basis, death in my	apinian
	resulted fram: Natural car	uses X Accident Suicid	e Hamicide	Undetermined manner [
	1071111	20	CHIEF MEDICAL EX	CAMINER X	DATE SIGNED
	SIGNATURE SIGNATURE	M.D.	ASSISTANT MEDICAL EX		
	EXAMINER'S NAME (Type) Russell	S. Fisher, M.D.	ASSOCIATE MEDICAL E		- 1/- 1067
	A. BURIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY of	CREMATORY 23D. L	LOCATION (City, to	7 14 1967 wn, or county) (State)
	MOVAL (Specify)	67 Coho of W	nom Come to	0:1	26. 2
	Burial 7-17- A. DATE REC'D BY. HEALTH DEPT.	24B. NAME OF REGISTRAR	ren Cemetery 24C. FUNERAL DIRECTOR	Silver Spri	ng, Maryland
	JUL 20 1967	A - 0 0 1 1 11 11 11 11 11 11 11 11 11 11 1			sethesda, Md.
24	W	A - 0 0 1 1 11 11 11 11 11 11 11 11 11 11 1			



BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. 67 6909 CERTIFIC	ATE OF DEATH Registered No. 07 0909
M.E. CASE NO.	2. DATE AND HOUR OF DEATH
(Type or Print) Martin Charles W.	16 July 1967 735 p
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where dec dsed lived, If institution: lesidence before admission)
	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give streef HOSPITAL OR addless of location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	Cumberland 31-02
University of Maryland Hospital	D. STREET ADDRESS (If ruiol, give locotion)
Chivasing of the first	11 Hamoton Place
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years) If Under 1 Yr.) If Under 24 His.
Male White Maried (specify)	25 April 1898 lost birthdoy) Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maristand USA
RETired -* Brewery Worker	14. MOTHERS MAIDEN NAME
Martin, James Conrad	Wilker Cothepius
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	331 Dorn Avenue
10 214-05-4949	Margaret Smith Cumberland, Marylan
18./ 9 9 2/1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not meon the mode of dying, e.g., DUE TO	CURRENT CARCIDOMA 3-5 MONTHS
heart laiture, asthenia, etc. It means the disease,	OF LARYNX, PHARYNX
ANY CEDENT CAUCE	
DISEASES OR CONDITIONS, il ony, giving	
rise fo fhe obove couse (A) stoling the (C)	
UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
E TO THE DEATH BUT NOT RELATED TO THE	
	[20 A. AUTOPSY? (Yes or No.)] 20 B. IF YES, WERE FINDINGS CONSIDERED
MAY 26, 1967 PARCINOM A RECURSE	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g	"in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
DEATH (notify medical examiner) NO etc.)	anice blug, INJOKI OCCOK:
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Work At Wo	hile
Work L At We	
	MAY 25 19 67 to July 16 19 67
ond hour and from the causes stated above. (I) (We) (did) (did nat	
	Med. Stoff C
Thakish L. Jacon	hys. Director Phys. & Maly 16, 1961
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
M.	UNIVERSITY HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	CREMATORY 24D. LOCATION (City, town, or county) (State)
	Park Cumberland Allegany Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUL 20 1967 Relieb E. Jankey M.	H. Lee Silcox Cumberland, Maryland 21502
VS 150-REV. 1/1/65	



deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in IMPORTANT FUNERAL DIRECTOR:

and

a hospital

		BALTIMORE CITY	HEALTH DEPARTMENT		OP DD I
BIRTH NO.	7 6910	CERTIFICA	TE OF DEATH	Registered No	67 6910
M.E. CASE NO. I, NAME OF DECEASED Type or Print)	ROSA GIORDAN	0		D HOUR OF DEATH LY IS 1967	I.00A.
3. PLACE OF DEATH IN BALTIMO	DRE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived. If inst	itution: residence before admission
HOSPITAL OR oddress	hospital or institution, or location)	give street	C. CITY OR TOWN (If out	side city limits wite RI	G S JRAL and give township)
INSTITUTION 1400 COR	NWALL ST.		BALTO.	Md.	ACE ON GIVE TOWNSHIP?
00			1	rurol, give locotion)	
F. 6. RACE		NEVER MARRIED), DIVORCED (specify)		9. AGE (In years lost birthday) 00 87 yrs.	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
ioA. USUAL OCCUPATION (Give ki		BUSINESS OR INDUSTRY	VALUARNERA ITA	gn country)	12. CITIZEN OF WHAT COUNTRY?
CARMELO FUNARI			14. MOTHER'S MAIDEN NAM ANTONINA MAI		
(Yes, no or unknown) (If yes, give wo	rmed Forces? or or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MR. JOSEPH GIOR		NO BARBER SHOP
DISEASE OR CONDITION CThis does not mean the repeat laiture, asthenia, etc. linjury or camplication which ANTECEDENT OF CONDITION rise to the above consumption of the condition of the conditi	DEATH made of dying, e.g., I means the disease, caused death.) CAUSES NS, il any, giving se (A) stating the	CAUSE O	restans Cu Bereilas She	rdie -	INTERVAL BETWEEN ONSET AND DEATH
NO THER SIGNIFICANT CONDITION TO THE DEATH BUT NO DISEASE OR CONDITION CA	OT RELATED TO TH	3 E			
	98. CONDITION FOR V VAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE	OF Per) 21B.	e, lorm, foctory, street, o	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) OF INJURY (APPROX.)		INJURY OCCURRED ile At Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this that (I) (we) last saw the and haur and from the cau	deceased alive an	6/17			1967
23A. SIGNATURE	R. File	Phy	ending Med. S. Director 23D. ADDRESS	Stoff Phy s.	7/17/67

JOSEPH A. BURIAL CHEMATION, REMOVAL (Specify) JULY 18 1967 BURIAL

WINDSOR MILD RD. PARK.

M.D.

WOODLAWN Md.

Mary

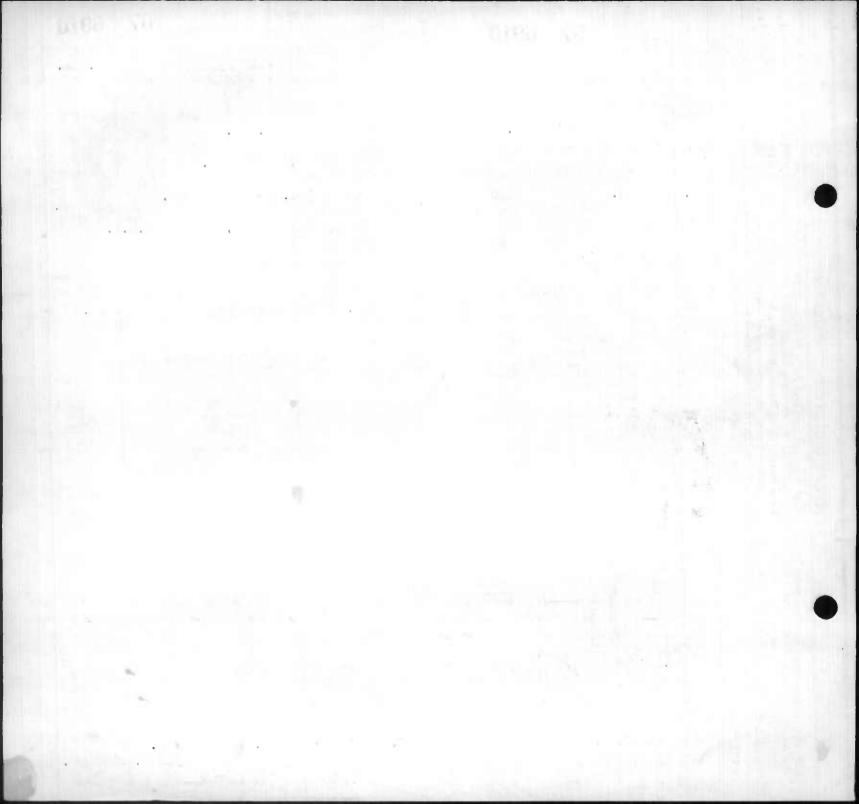
25A. DATE REC'D BY HEALTH DEPT.

LORRAINE PARK.

1258. NAME OF REGISTRAR

ROLLUS E. Galley M.R.

VS 150-REV. 1/1/65



1-7	0044	BALTIMORE CITY	HEALTH DEPARTMEN
pay	0044	BALTIMORE CITT	HEALTH DEPARTM

67 6911 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered NO.7 6911

M.E. CASE NO.			×	
1. NAME OF DECEASED (Type or Print)		J K 2. DA	TE AND HOUR PRONOUN	CED DEAD
CHARLES	J.	SIMPSON	July 14, 196	57 11:25 P.
3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE	Where deceased lived, If in	stitution: residence before odmis
	HOSPITAL OR MISTING ON COMP. STREET	Maryland		Prince 2
HOSPITAL OR ADDRESS (HOSPITAL OR INSTITUTION, GIVE STREET DR LOCATION)	C. CITY OR TOWN (f autside carporote limits, w	rite RURAL and give township)
NSTITUTION		Baltimor	0 / 0 0 1	11
St. Agnes Ho	spital (DOA)	D. STREET ADDRESS	- GUREL	6.6-00
De. rightes no	opical (Boll)			and a t
			- 610 Main St	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In year last birthdoy)	Months, Days, Haurs, N
Male White		2-8-19	47 20	
TOA. USUAL OCCUPATION (Give ki	nd of work TOB. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF
dane during mast of working life, even	f retired) EIR-TIC 101	11/11/24 11/2	251	WHAT COUNTRY?
S, FATHER'S NAME	ELECTICIAL	14. MOTHER'S MAIDEN	en, DEL	14. J. H.
S. PATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
CHARLES J.	SIMPSON, SR.	JEWELL	WALKER	
S. WAS DECEASED EVER IN U.S.		17. INFORMANT		ADDRESS NEW PORT
Yes, na arunknawn) (If yes, give wo				
140	468-76-842	JEWELL W.	SIMPSON N	NINGUEDALE,
18. 223 9	CAU	SE OF DEATH		INTERVAL BETWE
DISEASE OF CONDI	TION DISCOUL			ONSET AND DEA
DISEASE OR CONDI-		anio-cerebral	In iury	
(This daes not mean the	made of dying, e.g., DUF TO	dillo ccicbiai	III July	
heart failure, asthenio, etc.	It means the disease,			
	•			
ANTECEDENT	CAUSES			
DISEASES OR CONDITIO	NS, IF ANY, GIVING DUE TO			
UNDERLYING CONDITION				
	(C)			
2				
OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING			
TO THE DEATH BUT				
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION OF THE DEATH OF THE DEA		DOA AUTOBOY2 /V	- N - 1 DOD IF WEE WERE	EINDINGS CONSIDERED
19A. DATE OF OPERATION	98. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPST! (Tes	ar No) 208. IF YES, WERE	
		Yes		Yes
✓ 21A, EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	21B. PLACE OF INJURY (e.g	g., in ar about 21C. WHERE	DID (If in Baltimore City,	give exact location)
O UTINO CAUSE OF DEATH.	hame, farm, factary, street,			60
TID TIME (Month) (Do	Street	U.S.	Route 1 - 3 mi	. S. of Savage
OF INJURY (Month) (Da		D 21F. HOW D	D INJURY OCCUR?	hicle left road
(APPROX.) July 14,	1967 10:45 WHILE AT NO	work X and h	it telephone p	
22.			F	
I certify that I held	don Inquiry Inspection A	Autopsy X and that	an this basis, death in	my opinian
resulted from: Na	tural causesAccident X Suic	ide Homicide	Undetermined mar	nner 🗌
1		CHIEF MEDIC	AL EXAMINER	
ACTUAL	10.01 5 1/			DATE SIGNE
SIGNATURE //LL	my har and The	.D. ASSISTANT MEDIC	AL EXAMINER X	
EXAMINER'S W	erner U. Spitz, M.D.	ASSOCIATE MEDIC	AL EXAMINER	7/15/67
NAME (Type)	7,			
	DATE 23C. NAME of CEMETER	Y or CREMATORY	23D. LOCATION (CI	ity, town, or county) (State
REMOVAL (Specify)	- 10-12 0 4022		0.44-00	
BURIAL 7	1-18-67 CHERRY HIL	LL AMETH.	CHERRY HILL	CECIL A
24A. DATE REC'D BY HEALTH DI		24C. FUNERAL DI	RECTOS D. A.A.	ADDRESS
1111 20	1967 P. D. R. E. Janky M.	7.	12000 100	red
70147	INN INCHA	TIPPIN FUN	IERAI HONE	- FLATENIA

•	FUNERAL DIRECTOR: IMPORTANI	IMPORTANT	•
This certificate must be approved by the chief medical examiner or his assistant if death occur	by the chief medical examiner	or his assistant if death	OCCUF
the body was released to the hospital by a medical examiner. Also, if the direct of contrib shows: (1) An accident of any nature: (2) Body burns; (3) A fracture of any kind; (4) Undetermin	pirai by a meaical examiner. re; (2) Body burns; (3) A fractui	e of any kind; (4) Unde	termin
was D.O.A. at a hospital (except where the physician who pronounced death was in regule	where the physician who pro	nounced death was in	regul
deceased prior to death); and (6) No physician was in regular attendance on the deceased	No physician was in regular	attendance on the dec	eased
written anneval must be about a before the remains are embalmed or final disposition is may	d hoford the remains are ambal	med or final disnosition	ow si c

	BALTIMORE CITY	HEALTH DEPARTMENT	67 6912
	oth No. 67 6912 CERTIFICA	TE OF DEATH Registered No.	67 6912
1.1	PREPULLY, ANNA MAE	2. DATE AND HOUR OF DEATH JULY 15,1967	1265 M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	A. USUAL RESIDENCE (Where deceased lived, If instants a. STATE B. COUNTY MARY LAND C. CITY OR TOWN (If outside city limits, write RU)	
44	UNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If Iurol, give locotion) 2081 WOOD BOURNE	27-38
5.	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) W (DOWED	B. DATE OF BIRTH 8-19-24 9. AGE (In years lost birthday) 42	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working life, even if refired) WALTIESS RESHURANT	NEW JERSEY	12. CHIZEN OF WHAT COUNTRY?
	FATHER'S NAME GRAHAM Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	14. MOTHER'S MAIDEN NAME UNKNOWN	ADDRESS
(Ye	es, no of unknown) (If yes, give war or dates of service) SECURITY NO. 141-14-492	MRS. CHARLES MAISCH,	BACT, MO
	(This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	patoma of liver	INTERVAL BETWEEN ONSET AND DEATH
ATION	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last.	mural Thremboses	i whice
RTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF hame, form, factory, street, o etc.)	n or about 21C. WHERE DID (II in Baltimore ffice bidg., INJURY OCCUR?	City, give exact lacation)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (1) (this haspital) attended the deceased from 7-that (1) (we) lost sow the deceased alive on 7-cond hour and from the causes stated above. (1) (We) (did) (did not) to 10 the course stated above.	19 6.7 ond that in (my) (our) opin	ion deoth occurred on the dote
	23A. SIGNATURE LIST V. Allegentale M.D. Ath Phy 23C. PHISICIAN'S	ending Med. Stoff	23B. DATE SIGNED 7-15-67
24	NAME (Type) PAUL DES QUITADO M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	UNION LEMORIAL HOS	PITAL (, town, or county) (State)
25	Burial 7/18/1967 Holy Redeeme: JUL 20 1967 Robert E. Farkagen	H.W. Jenkina & Sons Co.	Md. 4905 York Road to 12. Md.
VS	150-REV. 1/1/65	-3 (-)	

UNION MEMORY HOSPITAL

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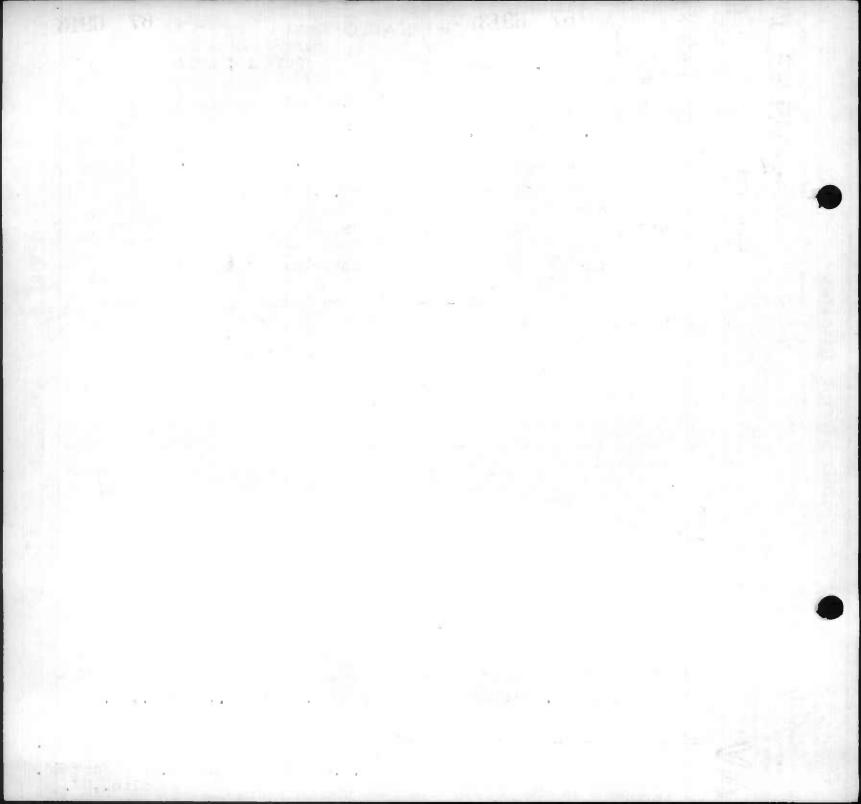
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Gered V. Stergarte PAUL PESQUITAPO

TALL Asset Thistorian Makes

7-11-67

(Type or Pr	Mary Mary	M. Coor	ney	July	16, 1967	100 4
3. PLACE	OF DEATH IN BALTIMORE, M			4. USUAL RESIDENCE (WI A. STATE B. COL	ere deceased lived. Il ins	stitution: residence before admi:
FULL N HOSPITA			give street	Maryland	utside city limits, write R	URAL ond give township)
	3908 N. Ch	arles	St.		f rurol, give location)	
()				3908 N. Ch	arles St.	
5. SEX	6. RACE	WIDOWE	D, DIVORCED (specify)	Oct.9,1877	9. AGE (In years last birthday)	Months Doys Hours M
	L OCCUPATION (Give kind of wa most of working life, even if retired		F BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF WHAT COUNTRY?
	ewife	Own 1	Home	Maryland	AME	USA
	ge Gunther			Catharine S	chlienger	
(Yes, no or u	eceosed Ever in U.S. Armed Finknown) (If yes, give war or do	orces? tes of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			218-46-191	5 Agnes Coone	y	Above
18.	324421	aV	CAUSE	OF DEATH		INTERVAL BETWEEN
0	DISEASE OR CONDITION D	IRECTLY			- 1	ONSET AND DEATH
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	does not meon the made of lailure, asthenia, etc. It mean		DUE TO	######################################	•••• •••• ••••••••• • ••••••••••••••••	
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	ANTECEDENT CAUSE	S	(B) Len). Urterior	elerosis	10 70
DISEA	SES OR CONDITIONS, il	ony, aivina	DUE 10			//
rise	la the abave cause (A		(C)			
UND	ERLYING CONDITION last.					
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OTHE TO TO	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT REI ASE OR CONDITION CAUSING	LATED TO TH	IE Da	acted Wel	'litus	15 ms.
O TO TO	THE DEATH BUT NOT REI ASE OR CONDITION CAUSING ATE OF OPERATION 198. CO	LATED TO TH	IE Da	20A. AUTOPSY? (Yes or I		INDINGS CONSDERED USES OF DEATH?
OF CONTROL	THE DEATH BUT NOT REI ASE OR CONDITION CAUSING ATE OF OPERATION 198. CO	ATED TO THE	WHICH OPERATION L. PLACE OF INJURY (e.g., ne, form, foctory, street, c	20 A. AUTOPSY? (Yes or I	10) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH? City, give exoct location)
OIT TO	THE DEATH BUT NOT REINSE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF	ATED TO THE IT. NOTION FOR REPORMED 218 honetc.	WHICH OPERATION DEPLACE OF INJURY (e.g., nee, form, foctory, street, or	NO NO OCCUR?	No) 20B. IF YES, WERE F IN CERTIFYING CAL (If in Ba)timore	
OF IN.	THE DEATH BUT NOT REI ASE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE C.C.IDENT WAS UNDERLYING NTRIBUTING CAUSE OF I (notify medicol exominer) ME (Month) (Doy) (Yeor JURY	ATED TO THIT. NDITION FOR REFORMED 218 hometc.	WHICH OPERATION L. PLACE OF INJURY (e.g., ne, form, foctory, street, c	NO in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE F IN CERTIFYING CAL (If in Ba)timore	
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OID DISEA 19A. D 21A. A 21A. A OF IN. (APPRO	THE DEATH BUT NOT REI ASE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF I (notify medicol exominer) IME (Month) (Doy) (Yeor JURY OX.)	ATED TO THIT. IT. IT. IT. IT. IT. IT. IT.	WHICH OPERATION D. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne) INJURY OCCURRED Mile At Not Whith At Work The deceased fram	NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimore	City, give exact location)
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OTO DISEA 19A. D 21A. A OF CO DEATH OF IN. (APPRO 23A. SI 23C. PF N	THE DEATH BUT NOT REI USE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING DATRIBUTING CAUSE OF I (notify medical examiner) ME (Month) (Day) (Year UNIX) Certify that (I) (this hospital I) (me) last saw the decease aur and from the causes st GNATURE HYSICIAN'S	ATED TO THIT. IT. IT. IT. IT. IT. IT. IT.	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or	20 A. AUTOPSY? (Yes or 1 NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN item in the bldg after death of tending Med. Director 123D. ADDRESS 1520 E. 331	(If in Baltimore IJURY OCCUR? 19 55 ta apir hat in(my) (and apir	City, give exect location) 19.6 10.0 death accurred on the 7.18.67.
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OTO DISEA 19A. D 21A. A OF CO DEATH OF IN. (APPRO 23A. SI 23C. PF N	THE DEATH BUT NOT REI SE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF I (notify medicol exominer) ME (Month) (Doy) (Yeor JURY OX.) Certify that (I) (this hospin I) (me) last saw the decease aur and from the causes st GNATURE WILLIAM'S AME (Type) WILLIAM'S AME (Type) WILLIAM'S AME (Type) WILLIAM'S AME (Type) AL CREMATION, 248. DATE DVAL (Specify) AL CREMATION, 248. DATE OVAL (Specify) AL CREMATION, 248. DATE OVAL (Specify) AL CREMATION, 248. DATE OVAL (Specify) AL CREMATION PROPERTY OF THE PROPERTY OF TH	ATED TO THIT. IT. ID. ID. ID. ID. ID. ID.	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, foctory, street, or	20 A. AUTOPSY? (Yes or INO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN ile 19	Old 208. IF YES, WERE FIN CERTIFYING CALL (If in Boltimore IJURY OCCUR? 19 55 to pair that in (my) (appire) Stoff Phys. Continuous (City Continuous Call Continuous Call Call Call Call Call Call Call Cal	City, give exact location) 19 4 10 death accurred on the 7.18.67. 10 Md. 10 Md. 10 y, town, or county) (Signature of the state of
OTAL DISEA 19A. D 21A. A OF IN. (APPRO 23A. SI 23C. PP N 24A. BURIA REMO	THE DEATH BUT NOT REI ASE OR CONDITION CAUSING ATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING DATE OF OPERATION 198. CO WAS PE CCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF I (notify medicol exominer) AME (Month) (Doy) (Yeor JURY OX.) Certify that (1) (this hospin 1) (we) last saw the decease aur and from the causes st GNATURE AL CREMATION, 248. DATE OVAL (Specify) 248. DATE	ATED TO THIT. IT. ID. ID. ID. ID. ID. ID.	WHICH OPERATION I. PLACE OF INJURY (e.g., ne, form, foctory, street, or control of the deceased from	20 A. AUTOPSY? (Ye's or NO In or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID IN ile	ON 208. IF YES, WERE FIN CERTIFYING CALL (If in Boltimore IJURY OCCUR? 19 55 to pair that in (my) (appire) Stoff Phys. Continuous Contin	City, give exect location) 15
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the chief medical examiner

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the body was released to the hospital by

approved

any nature;

of death

a hospital

kind; (4) Undetermined cause; (5) Deceased

any

fracture of

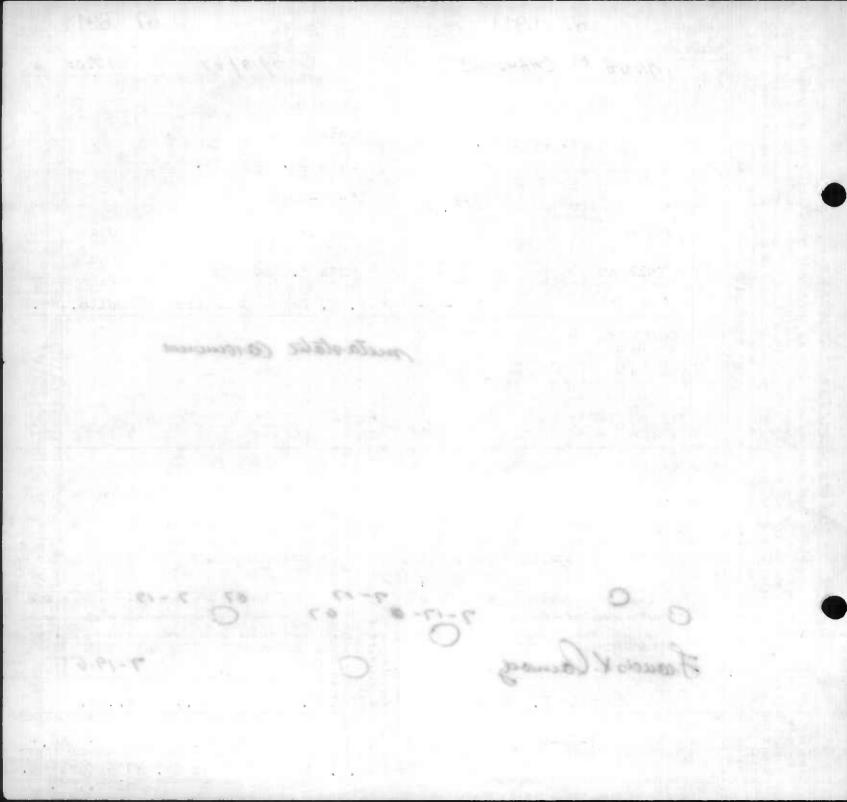
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or contributing cause

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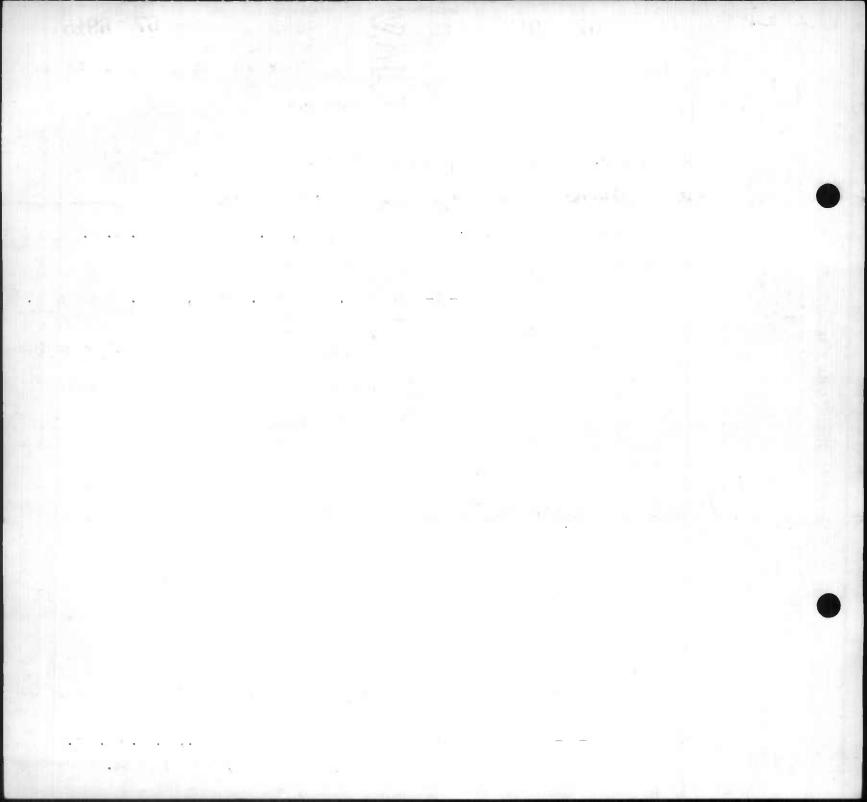
BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance Maryland FULL NAME OF (If not in hospital or institution, give street O HOSPITAL OR oddress ar location) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore 3404 St. Paul St. prior D. STREET ADDRESS (If rurol, give location) 3404 St. Paul St. regular made 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) Hours lost birthdoy) W 10-28-1876 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) = Housewife Maryland USA Was 13. FATHERS NAME 14. MOTHERS MAIDEN NAME the John Vollman Anna M. Rodeman death LO 15, Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance 216-03-9870 J. H. LeRoy Chambers No pronounced 10 (A) metastate caremonia DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the mode of dying, e.g., 70 hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) regul ANTECEDENT CAUSES ho DUE TO DISEASES OR CONDITIONS, if ony, giving (2) rise to the above couse (A) stating the physician UNDERLYING CONDITION last. the remains (2) Body burns; Mas OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF (except where (If in Boltimore City, give exact location) °Z DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) At Work pup 22. I certify that (1) (this hospital) attended the deceased from 1967 that (1) (we) lost sow the deceased alive on An accident of death) hospital and hour and from the causes stated above. (1) (We) ((did)) did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED 7-19-67 Med. Director Attending Stoff 0 Phys. approval 0 prior 23C. PHYSICIAN'S NAME (Type) to Francis X. Carmody 3201 N. Charles St., Balto., Md. M.D. D.O.A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or county) eceased REMOVAL (Specify) 7-20-67 Pikesville Druid Ridge SDM 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY If Under 24 Hrs. Balto. Md. INTERVAL BETWEEN ONSET AND DEATH and that in my (our) opinion death occurred an the date Md. H.W. Jenkins & Sons Co. 4905 York Rd. Balto. Md. VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are embalmed or final disposition is made.

				BALTIMORE CITY	HEALTH DEPARTMENT		Other
M.E	TH NO.	67 6	915	CERTIFICA	TE OF DEATH		67. 6915
	AME OF DECEA	SED			2. DATE	AND HOUR OF DEATH	
	Will	IAM Si	Acok	S	7-18	-67 12	ed lived. If institution: residence before odmission) limits, write RURAL and give Jownship) 230 a location) In years In years If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U. S. A. ADDRESS COBS, 433 E. Gittings St. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH 2 10 y) i yr what A FYES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH? (If in Boltimore City, give exact location) CUR? 10 19 67 POAP COCREGUE INDER (City, town, or county) (Stote)
3. 1	PLACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
١.		46			1		
	FULL NAME OF HOSPITAL OR	(If not in hospital address or location		n, give street	C. CITY OF TOWN (II	outside city limits write	RITRAL and give township)
1	NSTITUTION						77-12
	40				D. STREET ADDRESS	If rurol, give location)	0111
5	outh BA	ltimore Ge	HERAL	Hoppital	433 East	Gittings	Street
5. 5	EX 6	RACE	7. MARRIE	D, NEVER MARRIED	8, DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., If Under 24 Hrs.
M	ale	White		/ED, DIVORCED (specify)	June 11, 1899	1. O	Atomis Doys Hoors William
				TTIES OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
		rking life, even if retired)					
S	hipping (llerk	Re	tired	Baltimore, Md		U. S. A.
13.	FATHER'S NAME		-		14. MOTHER'S MAIDEN N	AME	
	122	Jacobs			Helen Marth	a Tarra	
10				17 / 20 51 41		a Love	ADDRESS
(Ye	s, no or unknown) (ver in U.S. Armed For I yes, give wor or dote	ces: s of service		17. INFORMANT		
	No			215-07-0403	Mrs. Dolores	M. Jacobs, 4	33 E. Gittings St.
\vdash	1B. // -	VWLE C	157	CAUSE O	F DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION DIE	ECTLY	7			ONSET AND DEATH
		EADING TO DEATH	LCILI	Aria	TI CONNUAN.	10 Malmair	n 2-10 variable
	(This does not	mean the made of	dying, e.d	q., DUE TO	M CIONTION	1 4 11 101-10	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
	heart failure, as	sthenia, etc. 11 means	the diseos			1	
		icalian which caused	death.1	Caro	irroma of	Lung	2 12281.
	1A	ITECEDENT CAUSES		DUE TO		0.000	
	DISEASES OR	CONDITIONS, if	any, givin	ig N	Circlina		> bx() i
		obave cause (A)	stating th	ne (C) (T)	2 Fracture		7,0-
	UNDEKLTING	CONDITION lost.					
_		11					
ATION		CANT CONDITIONS C ATH BUT NOT RELA					
		ONDITION CAUSING I	Т.				
문	19A. DATE OF C	PERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes of	No) 20B. IF YES, WERE	FINDINGS CONSIDERED
퍨	July 35	1967 HOD	700 hou	& ca. o) Lung	NO		
6	21 A. ACCIDENT	WAS UNDERLYING THE	2	1B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(II in Boltimore	e City, give exact location)
AL	DEATH (notify or			ome, laim, loctory, street, of tc.)	nce blag., INJURI OCCUR:		
5	21 D. TIME (Month) (Day) (Year)	/H- 1 2	IE, INJURY OCCURRED	215 11014 515 1		
MEDI	OF INJURY	Wionin, (Day) (Teon			21 F. HOW DID I	NJURT OCCUR:	
<	(APPROX)			While At Not While Work Al Work	e _		
	22. I cortify th	not (I) (shis hosaisal) ottended	the deceased from \?	14.1 23	1967 to Jul	16 16 10 1.7
	1			Tral 181	1-36-11		
	thot (1) (we) 1	st sow the deceose	d Olive on	in freeze	and and	thot in(my) (aur) opi	nian deoth occurred on the dote
	and hour and	from the causes stot	ed obave.	(I) (We) (did) (did not) v	iew the body ofter deatl	١.	
	23A, SIGNATURE	15		^	/		23 B. DATE SIGNED
	1 hotes	nio thei	aga	1219 M.D. Atte	ending Med. Director	Stolf Phys.	7-18-67
	23 C. PHYSICIAN		Mala		23 D. ADDRESS	rnys.	
	NAME (Typ		100	ROCLICE JR	IA A DIL UA	DU COLO	OF THE MAN
		AKILIN	,10	TRUIACTA M.D.	10634 40	RK ROAP	COCREGIVILLE
24/	REMOVAL (Sp.	ATION, 24B. DATE	24C.	NAME of CEMETERY or CRE	MATORY 24D.	LOCATION (C	ity, town, or county) (Stote)
	n 1 5		7 6	J. 17:77 0 .		. 1	4 4 0 313
258	Burial A. DATE REC'D B	7-21-6 Y HEALTH DEPT.	25R NAME	dar Hill Cemete E OF REGISTRAL	PY RI	tchie Hwy.	A. A. Co. Md. ADDRESS
234	. JAIL REC D 8	11 0 0 4007	A A	- Stalle Mil			
		1 20 196/ (Makerl	J. C. JONESINA	riynn o file	ming, 1422 L	ignt St.
VS	150-REV. 1/1/65	NASO	10				

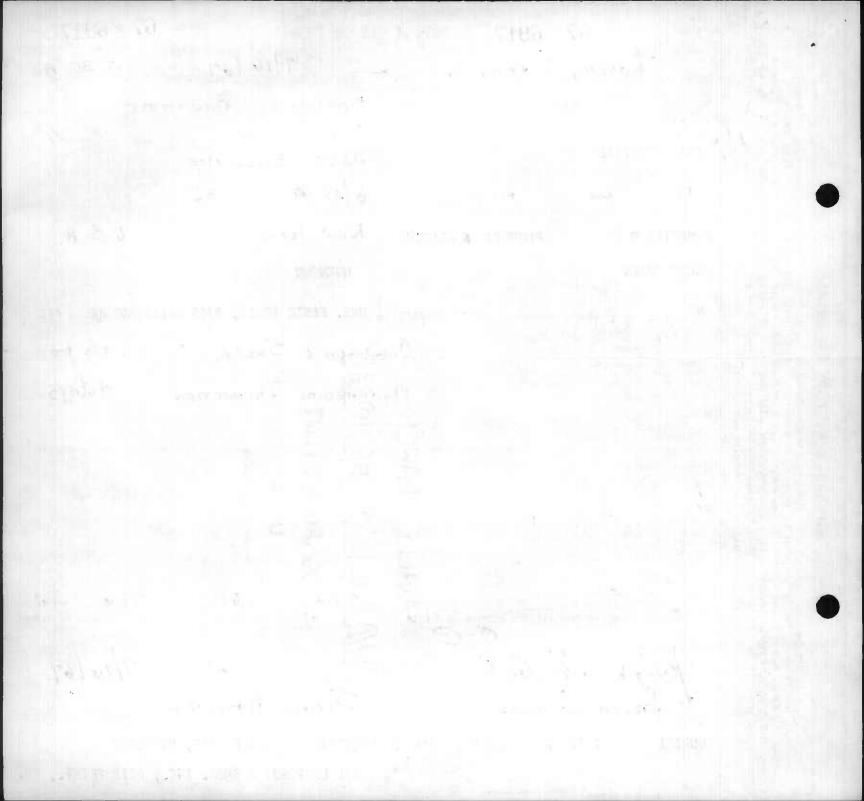


. 6	PH	0 0	_
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This the L	shov	dece

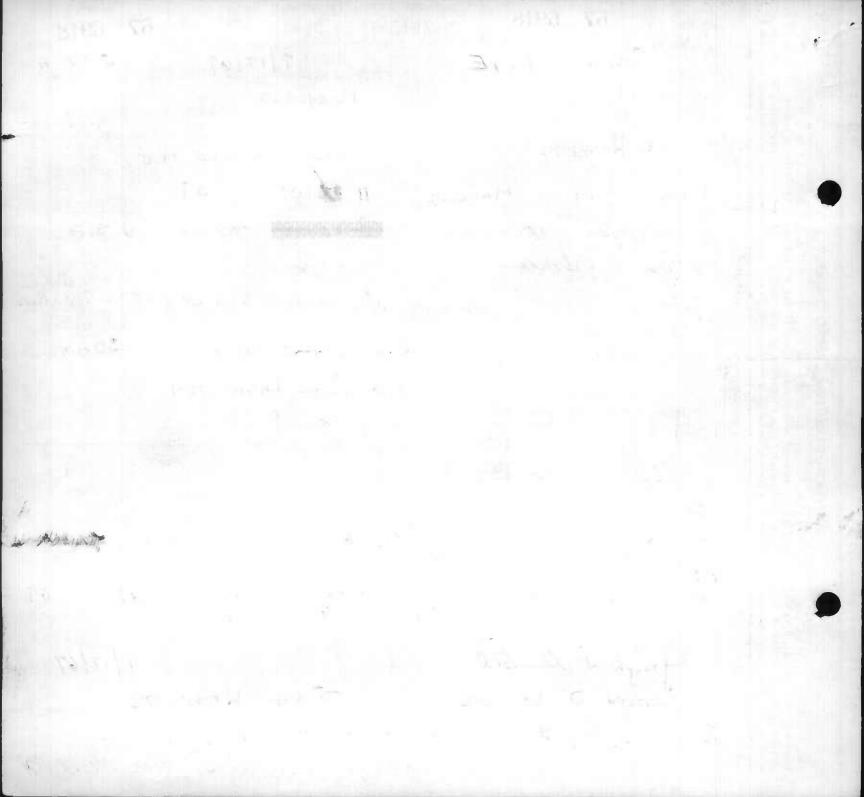
			BALTIMORE CITY	HEALTH DEPARTM	ENT	OPI	0010
BIRTH NO. M.E. CASE NO.	67 (6916	CERTIFICA	TE OF DEA	TH X Registered No	67_	6916
1. NAME OF DECEASE		ARM;	ACOST	2. D	7-16-67	н	1205 PM
3. PLACE OF DEATH	N BALTIMORE, A	MARYLAND			E (Where deceased lived, II.	institution: res	idence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit address or laca	tal ar institution, g tion)	jive street	C. CITY OR TOWN	(If outside city limits, write	RURAL and	give township)
114				BALTO		NIUV	n, md.
UNION	MEMOR	RIAL H	USP.	2006	YORK Rd		
5. SEX 6. R	ACE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	8-03-0	9. AGE (In years last birthday)	If Under Months:	1 Yr. If Under 24 Hrs. Doys Hours Min.
done during most al warking			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZI	EN OF
Machinist	7 = 110		& Decker	md.		U	SA
13. FATHER'S NAME	0 1		12001102	14. MOTHER'S MAID	EN NAME	()[1 /101
Joseph		ACOST		HESTEK	R MARTIN		
(Yes, no otunknown)	in U. S. Armed res, give wor or d	Farces? lotes of service)	16. SOCIAL SECURITY NO. 219-01-7842	RAYMOND	(,))	2006 \	
18.4 (0)	7 1		CAUSE O	F DEATH	1	11	NTERVAL BETWEEN
	R CONDITION DING TO DEAT		Rhen	mater brut	disease 5 mis		ONSET AND DEATH
(This does not not heart foilure, astheringury or complice	enio, elc. Il med	ins the diseose.	DUE TO	- autie ste	disease & mis	r'e'euc.	<u> </u>
	CEDENT CAUS		(B)				
DISEASES OR C			DUE TO	1	1		
rise to the o	bove couse (/		(C) Pul	menay Th	winders	kiw.	000 000 MM 000 00 000 000 000 000 000 0
	П			- /			
OTHER SIGNIFICATION THE DEATH	H BUT NOT R	ELATED TO THE					
19A. DATE OF OPE		ONDITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Y	es or No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS AUSES OF D	CONSIDERED EATH?
21A ACCIDENT V OR CONTRIBUTION DEATH (notify med	CAUSE OF	21 B. ham etc.)	PLACE OF INJURY (e.g., i e, lorm, factory, street, o	n or obout 21C. WHERE	DID (If in Baltim	are City, give	exoct location)
OF INJURY	onth) (Day) (Ye		INJURY OCCURRED le At Not While At Work	e 🗇	DID INJURY OCCUR?		
22. I certify that	(I) (this hospi		ne deceosed from		19 G.7 to	7-16	19 67
that (1) (we) los	saw the dece	sed alive on	7 -	15 19 67	ond that in (my) our) o	pinian deotl	h occurred an the date
	m the couses s	tated obave (1	(We) (did) (did not) v	lew the bady after	death.		
23A SIGNATURE	1 70		Au	andian - Mad	- 0242	23B, DATE	
France	e Jal	mesare		ending Med. Directo	or Stoff Phys.	1-	-16-67
NK 23C. PHYSICIAN'S NAME (Type)	FRANK S	. PALMIS	SANO, JR M.D.	23D. ADDRESS THE	UNION MEMORI	AL HOS	SPITAL
24A. BURIAL CREMAT	ON, 24B. DATE	24C. N.	ME of CEMETERY of CR	EMATORY		City, town, or	r county) (State)
Burial (Speci	7/19		alem E.U.B. C		Upperco P	Balto. (
25A. DATE REC'D BY	2.0 1967	P. D. D	E TOWN MA	Tipton -	Eline Funeral	Home Ha	ampstead, Md.
VS 150-REV. 1/1/65	NO 1001	A Land		4-5-1	11		

Alle or other words to the Table 1. I was a first to the and the state of t

			BALTIMORE CIT	Y HEALTH DEPARTMENT		O.S.	
BIRTH NO.	67	6917	CERTIFICA	ATE OF DEATH	Registered No.	67. 6	917
M.E. CASE NO	ECEASED	11		2. DATE AN	ND HOUR OF DEATH		
Type or Print)	ROSEN,	HERMA	W M.	7/10	167	5:	30 A. M
. PLACE OF	DEATH IN BALTIMOR	E, MARYLAND		A. STATE B. COUN	re deceosed lived. If i	institution: residence	e belore odmissian)
FULL NAMI	E OF (If not in ho OR oddress or	spital or institution	, give street	MARYLAND,	BALTI.	MORE	
INSTITUTION		iocolion)		R	itside city limits, write	RURAL and give t	ownship)
OTHAT I	MODITAL			D. STREET ADDRESS	rural, give focation)		011
SINAL	HOSPITAL			3305 BE	LLE AVE		
5. SEX	6. RACE	WIDOW	D, NEVER MARRIED ED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. Manths Doys	If Under 24 Hrs. Hours Min.
	CCUPATION (Give kind al warking life, even if re	of work 10 B. KIND C	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State at fare		12. CITIZEN OF	IINTRY?
PROPRIE			NG & HEATING	NEW YORK			5. A
3. FATHER'S		LUMBI	NO B HEATING	14. MOTHERS MAIDEN NA	ME	0.3	7, 11
HARRY F	ROSEN			UNKNOWN			
5. Was Decea	sed Ever in U. S. Arm own) (If yes, give war	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDR	ESS
	,, ur yes, give war	or doles of setA(CS)	SECURITY NO.	UDG FLOTE DAG	7711 22AF S	ELLE LAWREL	
18.	20.11		CAUSE	OF DEATH	SEN, 3305 BI	INTERV	AL BETWEEN
DISI	EASE OR CONDITIO		1	201		ONSET	AND DEATH
4761 1 1	LEADING TO DI		(A) CF	BUDGENIC SX	tock	t i	12 hrs.
heart failu	s nal mean the ma re, asthenia, etc. It i	means the disease	e, DUE TO				, 9
injury or o	camplication which c		M	YOCARDIAL FR	15000 = 7	> A	dAVS
	ANTECEDENT CA	AUSES	DUE TO	YOCHRUING TO	VEHIC VON		· · · · · · · · · · · · · · · · · · ·
	OR CONDITIONS the abave cause		•				
	ING CONDITION IO		e (C)		,		
_	- 11						
OTHER SIG	GNIFICANT CONDITION DEATH BUT NOT	RELATED TO T	NG THE				
DISEASE O	OF OPERATION 198		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	O) 20B IF YES WERE	FINDINGS CONS	DERED
19A. DATE		S PERFORMED	WHICH OFERATION	AOIOFSI: (165 OF NO	IN CERTIFYING C	AUSES OF DEATH	?
U 21A. ACCI	DENT WAS UNDERLY	ING 21	B. PLACE OF INJURY (e.g.	in or about 21 C. WHERE DID	(If in Baltima	re City, give exact	locotion)
	RIBUTING CAUSE C		c.)	office bldg., INJURY OCCUR?			
□ 21 D. TIME	(Manth) (Doy)	(Year) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	7	
OF INJURY			/hile At Not W				
22 cont	ify that (1) this ho			27 1 . 6	19 67 10	7/11/2	10 17
	ve) last sow the de						19.67
			-4	196.7and th	of in (my) (our) op	inion death occ	urred an the dote
23A. 816N		s stated obove.	(I) (We (did) (did not)	view the body ofter deoth.		DATE MCN	
1	0	4. 1	0 M.D. A	ttending Med.	Stoff To	238. DATE 46N	11,00
2200 111751	ugh X	embe	P	nys. Director	Phys. C	1/10	2167
230. HYSI	EN Mpel	7		23D. ADDRESS	1)		
	JOSEPH C	DIMBEL	M.I	UNAI	HOSPITAL		
24A. BURIAL C	CREMATION, 24B. DA	240.1	NAME of CEMETERY OF C			City, town, or count	y) (Stote)
BURIAL			HIZUK AMUNO (A	(RLINGTON) B	BALTIMORE, A	MARYLAND	
25A, DATE REC	2019	67 P 0	TO PEGISTRAR				DRESS
VE 150 BEV 3	71745	The second	a c' donner mi	SOL LEVINSON	& BROS. INC	C., 6010 R	EIST., RD.
S 150-REV. 1	1/00			F 4			



000 0046	BALTIMORE CI	TY HEALTH DEPARTMENT		
BIRTH NO. 67 6918 M.E. CASE NO.	CERTIFIC	ATE OF DEATH	Registered Na	67 6918
Type or Print	5	2. DATE AN	D HOUR OF DEATH	1,30
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	LYA	4. USUAL RESIDENCE (When	e deceosed lived. If insti	tution: residence before admission)
		MARYLAND	ТҮ	
FULL NAME OF (If not in hospital or instinction) INSTITUTION INSTITUTION	itution, give street	C. CITY OR TOWN (If out	side city timits, write RU	RAL and give township)
INSTITUTION (1)		BALTIMORE	=	27-17
2 DINAI MOSPITAL		D. STREET ADDRESS (If	rurol, give location)	
~			NDALE AL	
VI WI	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
TEMPLE WHITE	MARRIED	11 10		12. CITIZEN OF
done during most of working life, even if retired)	21/-			WHAT COUNTRY?
HOUSEWIfe OI	Nome	14. MOTHER'S MAIDEN NAM		U.S.A.
Dans a Pesloma	4 -	20-0	VIE	
5. Wos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS ON O
(Yes, no or unknown) (If yes, give war ar dates of se	SECURITY NO.	l'am	Granat -	2322 Cine D
pe la	UNKNOWN	segnuna 111:	sucencer -	
18. 420.11	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		ARDIOGENC S	Hand	30 min.
(This does not mean the made of dying heart failure, asthenia, etc. It means the d	, e.g., DUE 10	HILVIUGE NO 9	ADC N	11/7/
injury ar camplication which caused death		YOCARDIAL IN	COO	
ANTECEDENT CAUSES	(B) DUE TO	YOCARDIAL THI	FARCTION	**************************************
DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating				
UNDERLYING CONDITION last.	g Ine (C)	• • • • • • • • • • • • • • • • • • •		
, II				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE			
DISEASE OR CONDITION CAUSING IT.	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B, IF YES, WERE FIN	IDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	ES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY (e.g	office bldg., INJURY OCCUR?	(If in Boltimare C	City, give exact location)
DEATH (notify medical examiner)	etc.)	SS. Sidy Hitoki Octok:		
Q 21D. TIME (Month) (Doy) (Year) (Hou	11) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Not W			
22. I certify that (1) (this hospital) atte	nded the deceased from	7/16	967 10	7/17 1967
that (1) (we) last saw the deceased aliv				an death accurred an the date
and haur and fram the causes stated ab	oave. (1) (We) (did) (did nat) view the bady after death.		
23A. SIGNATURE			2	3B. DATE SIGNED
Joseph S. Sim	bel M.D. A	Attending Med. Phys. Director	Stoff Phys.	7/17/67
23C. PHYSICIANS		23D. ADDRESS	11	
	MBEL M.	DINAI	HOSPIT	AL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF	CREMATORY BETH 240	CATION (City,	town, or county) (Stote)
Demal July 1867	Milera Kt.	RUCK ISRAEL	athemal	MA
	NAME OF REGISTRAR	25C DUNERAL DIRECTOR	Banc	ADDRESS
JUL 20 1967 R.	but E, Jackerts	elsellaron ?	Wiso to	010 Klest Ry
VS 150-REV. 1/1/65				



Such

	BALTIMORE CITY HEALTH DEPARTMENT
0	BIRTH NO. 67 6919 CERTIFICATE OF DEATH Registered No. 67 6919
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	172LEN/ KAHN 11/5/67 3 Am M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decedsed lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street hospital or distribution) INSTITUTION (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	SINAI HOSPITAL OF BALTIMORE INC D. STREET ADDRESS (II rurol, give location)
ė	42 3647 GLENGYLE AVE, Apt D-3
Bad	5. SEX 6. RACE 7, MARRIED, NEVER MARRIED B. DATE OF BIRTH 9, AGE (In years lost birthday) Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, EIRTHFLACE (State or foreign country) 12. CITIZEN OF
0	done during most of working life, even if retired) WHAT COUNTRY?
0211	13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
disposition	IS. Was Deceased Eyer in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
TIDUIL	(Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
0 7	18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
Daimed	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO DU
3	heart failure, asthenia, etc. It means the disease, injury or complication which coused death,)
E	ANTECEDENT CAUSES (B) DUE TO
D	DISEASES OR CONDITIONS, if ony, giving
S G	rise to the obove couse (A) stoting the (C) UNDERLYING CONDITION lost.
remains	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
0	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	20A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locohon) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., [INJURY OCCUR?]
2	DEATH (notify medical examiner)
0	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	Work At Work
000	22. I certify that (1) (this hospital) attended the deceased from 6/27 1967 to 7/15 1967.
9	that (1) (and last saw the deceased alive an 7/15 19.67 and that in (my) (our) aplaian death accurred on the date
UST	and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. 23A. SURNATURE
E	M.D. Attending Med. Stoff D. C. Stoff
pprovai	23C. PHYSICIAN'S 23D. ADDRESS
0 0	ROUALD DAITAN M.D. SIMAL HOCDING OF DOLLMON
3	24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
Written	BURIAL 7/17/67 BETH FI MEMORIAL PARK RANDALLSTOWN, MARYLAND
	JUL 20 1967 R. D. & E. Lauley M. SOL LEVINSON & BROS. INC., 6010 REIST., RD.
	ANT BA 1901 AIVENTA TO DATE TEATING ON BY DECENTAGE THE PARTY INC.

ADERT CLUB MANAGEM PETERSTON FRANCE OFF THE STATE OF THE KIT-SERGENT GERBRUCHE SERGEN S ATTE METSHAL MINNESONS PT ENG S 1.0 62 - 51/4 63 BE 19 BITE Erreld Vatter 7/15/67

	40	4	0.
IMPORTANT	ved by the chief medical examiner or his assistant if death occurred in a hospital and hospital by a medical examiner. Also, if the direct or contributing cause of death	nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ept where the physician who pronounced death was in regular attendance on the death was in regular attendance on the deceased prior to death. Such
FUNERAL DIRECTOR: IMPORTANT	ved by the chief medical examiner o	nature; (2) Body burns; (3) A fracture	ept where the physician who prono 1 (6) No physician was in regular a

		6"	6920)	ITY HEALTH DEPA		но. 67 6920
M.E.	CASE NO.	A Second	0320	CERTIFIC	ATE OF D	EATH	
Туре	or Print) Ro	se Green				July 16, 19	967 10;05 A.M.
		ATH IN BALTIMORE			4. USUAL RESI A. STATE Md.	DENCE (Where deceased live B. COUNTY	d. If institution: residence before admission
H	JLL NAME (OSPITAL OR STITUTION -	address or la	pitol or institution, cotion)		C. CITY OR TO	WN (If outside city limits,	write RURAL and give township)
	7.	The Gundry	Sanitariu	m, Inc.	Baltimor		2-01
	70				D. STREET ADI	oress (If wood, give locotive) View Apts	on)
5. SE	x ale	6. RACE White	7. MARRIEL WIDOW	D. NEVER MARRIED ED. DIVORCED (specify) OWED	B. DATE OF BIR		rs If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
10A. I	JSUAL OCC	UPATION (Give kind o	work 10B. KIND C	F BUSINESS OR INDUS		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
fou	sewire'	working lile, even if ret	At f	lama	Nor	York NEW Up	
13. F	ATHER'S NA	ME	THE I	One	14. MOTHERS	Y York, NEW YOMAIDEN NAME	U.D.A.
		1/1/14	MARARA	UNKNOWN	IILIV	NOWN	
15. W	os Deceosed	Ever in U. S. Arme	d Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
N.		(If yes, give wor o	uotes of service)	SECURITY NO.	Mrs Ham	mr Cheen 11 Cl-	ade Ave.Apt 206. 2120
	B. 2 2	1/ 1/ 1		NO	OF DEATH	A ALCOH IT STE	INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
		LEADING TO DE		(A)	Cerebral a	and general Arte	Posclerosis YrS
		nol meon the mod oslhenio, elc, lt m			eren tid vital agge stad alleksages kungt alleksages seg et ty		2.000
	injuly or cor	nplication which co	used deoth.)				
		ANTECEDENT CA		DUE TO	***************		**************************************
		OR CONDITIONS, e obove couse					2012
		G CONDITION los		(67			
Ξ	TO THE D	II IFICANT CONDITION EATH BUT NOT	RELATED TO T				
				WHICH OPERATION	20 A. AUTOP	SY? (Yes or No) 208. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
CALC	OR CONTRIB	NT WAS UNDERLYII UTING CAUSE OF medical examiner)	ho	B. PLACE OF INJURY (e. me, form, foctory, street	office bldg., INJUR	VHERE DID (II in Be Y OCCUR?	altimore City, give exact location)
N C	APPROX	(Month) (Doy) (w	E. INJURY OCCURRED Thile At Not Vork At W	Vhile C	OW DID INJURY OCCUR?	/ / / / / / / / / / / / / / / / / / /
2	2. I certify	that (1) (this hos	pital) attended	the deceased fram	Oct.4, 196	5ta	July 16.1967 19
1	hat (I) (we)	last saw the dec	eased alive an	July 16, 1967	19	and that in (my) (au	r) apinian death accurred an the da
				(I) (We) (did) (did na		after death.	
2	3A. SIGNATU	JRE	13 -				23B. DATE SIGNED
	R	celel !	I I wal	M.D.	Attending /	Med. Stolf Phys.	July 16.1967
2	3C.PHYSICIA NAME (1		Gundry	M	23D. ADDRESS 2N. Wick	cham Rd. Baltimo	DEE, Md. 21229
24A.	BURIAL CRE	MATION, 24B. DAT	E 24C.1	NAME of CEMETERY OF	CREMATORY	24D. LOCATION	(City, town, or county) (State)
	Cremat	con	167	andan Dath O	amatakii	Baltimore,	Maryland
25A.	DATE REC'D	BY HEALTH DEPT.	25B, NAME	ouden Park Co	25C FUNER	AL DIRECTOR	ADDRESS 6018
		JUL 20 19	67 R. Le	& E. Jarley	141	Limmin	dent leint. Ad
						18	

LIMMSEMBERSONS.

T. O. Y. LUT.

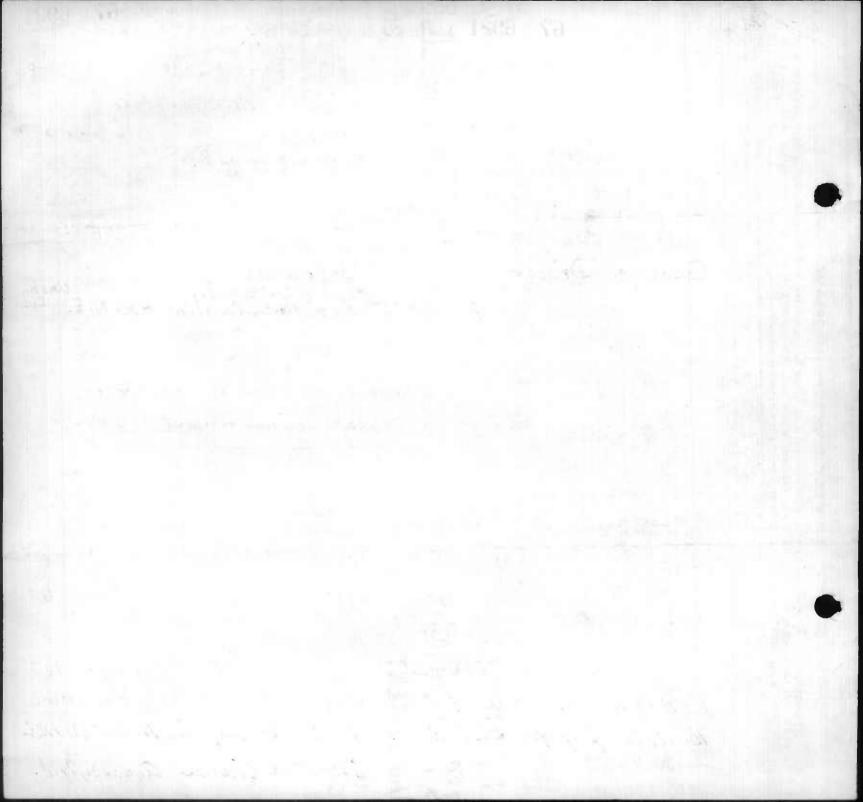
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			BALTIMORE CITY	Y HEALTH DEPARTMENT		67 695)4
BIRTH NO		67	6921 CERTIFICA	TE OF DEATH	Registered No	OF OUR	vil
M.E. CAS	E NO. OF DECEASED		ODITION		ND HOUR OF DEATH		
(Type or P		S H. 7	RIVER	Ten	U II IQL	7 1 11 10	^
3. PLACE	OF DEATH IN BALTI			4. USUAL RESIDENCE (Whe	re deceased lived. If inst	titutian: residence before admis	PM
SIII N	IAME OF (If not	in bosnital as inst	lituation our about			ac C.	
HOSPIT	AL OR oddres	s or location)		C. CITY OR TOWN (If our	tside city limits, write RU	JRAL and give township)	
114371110	UNIVERS	ITY OF 1	1 ARYLAND HOSPITA	BRANDY WINE		66-00	
3	X				rurol, give location)		
				61 GIBBONS CA			
5. SEX MAL	E NEGRE	w	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) UIDOWED		9. AGE (In years last birthday)	tf Under 1 Yr. tf Under 24 Months Doys Hours M	Hrs.
	L OCCUPATION (Give		CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?	
Jane during	, masi or working ine, evi	en transay		MARYLAND		USA	
13. FATHE	R'S NAME			14. MOTHER'S MAIDEN NA	ME	V	
C .		Deine		1101			
3 E 14/ P	eccased Ever in U. S. unknown) (If yes, give	Armed Forces?	1 6. SOCIAL	17. INFORMANT	3-	ADDRESS Was	I
res, no ar	unknown/tit yes, give	wor or doles or s	219 - 07 - 4473	Charles VII	ver, Jr;	10 5	200
18.	2 / V I			F DEATH	Caroline	HUO . N. E.	
	DISEASE OR CONE	DITION DIRECTL	γ			ONSET AND DEATH	1
	LEADING T			EPTICEMIA		6 wks	
	does not meon the foilure, osthenio, etc						
injury	or complication whi		110,0	LADO TRACT & PILL	IM WEETTO	U GWKS	
	ANTECEDEN		DOE 10	SARY TRACT & PU			
	ASES OR CONDITI		giving (C) CE	CERBAL VASCULA	IR ACCIDENT	6 WKS	
	ERLYING CONDITIO		(0)				
7	II						
VITO	R SIGNIFICANT CON THE DEATH BUT	NOT RELATED	TO THE			4-00	
	ASE OR CONDITION		N FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES. WERE FI	NDINGS CONSIDERED	
SKTIFIC 19A.E	4	WAS PERFORM	ED	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	SES OF DEATH?	
U 21A.	ACCIDENT WAS UND	DERLYING	218. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE DID	(If in Baltimare	City, give exact location)	
A DEAT	ONTRIBUTING CAL H (natify medical exam		hame, farm, factory, street, e	iffice bidg., INJURY OCCUR?			
21D. 1		ay) (Year) (Har	ur) 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
S OF IN			While At Not Whi Work At Work				
22 1		a bassinal\ mass	ended the deceased from		1967 10	7/11 10/0	7
	(I) (we) last saw th		7 /			7/// 196	
			/		at in (my) (our) apin	ian death accurred on the	dete
	IGNATURE	duses stated at	pave. (I) (We) (did) (did not)	view the body offer death.		23B, DATE SIGNED	
	A.	2	n KOLLER M.D. AH	ending Med.	Staff Phys.	00 11.01	7
23C.P	HYSICIAN'S	nica 1	11. Course Phy	23D. ADDRESS	Phy s. L	July 11, 194	/_
D.	IAME (Type)	ML	OU OF M.D.	UNIV. OF MI	D. HOSPITAL	BAITIMOD	F
24A. BURI	AL CREMATION, 24E	B. DATE	xuq:	EMATORY 24D. L		, town, ar county) (Sto	nte)
13	OVAL (Specify)	nely 1967	Gibbons Ch.	· Cemetery Br	andiporne,	A. Gesi G. Ma	d.
25A. DAT	E REC'D BY HEALTH	DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS	,
	JUL 20 1967	Robert	E, Stallman	Martell	adams o	aguasco, Md	



he body

VS 150-REV. 1/1/65

of death Deceased

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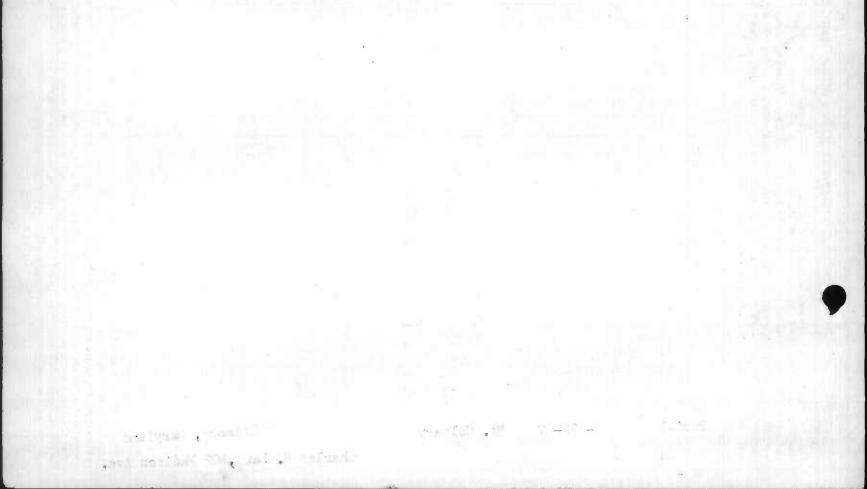
death.

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ance

6922 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO.

1, NAME OF DECEASED ATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE 3. PLACE OF DEATH IN BALTIMORE, MARYLAND It institution; residence before admission COUNT FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location OR TOWN CITY RURAL and give townsh D. STREET ADDRESS MARRIED, NEVER MARRED 5. SEX 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specily) lost birthgay 10A. USUAL OCCUPATION GIVE kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign county) 12. CITIZEN OF done during most of working life, even if retired WHAT COUNTRY? 13. FATHERS NAME MOTHERS MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dotes of service) 6. SOCIAL ADDRESS SECURITY NO. 2-10 OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION PADATE OF OPERATION A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 218 PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A ACCIDENT WAS UNDERLYING (II in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined erc.) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While A (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (dimet) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNE Attending Phys. M.D. Med. Stoll Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 7- 22-67 Baltimore, Maryland ADDRESS Mt. Calvary 258. NAME OF REGISTRAR 25A. DATI 25C. FUNERAL DIRECTOR Charles R. Law m802 Madison Ave.



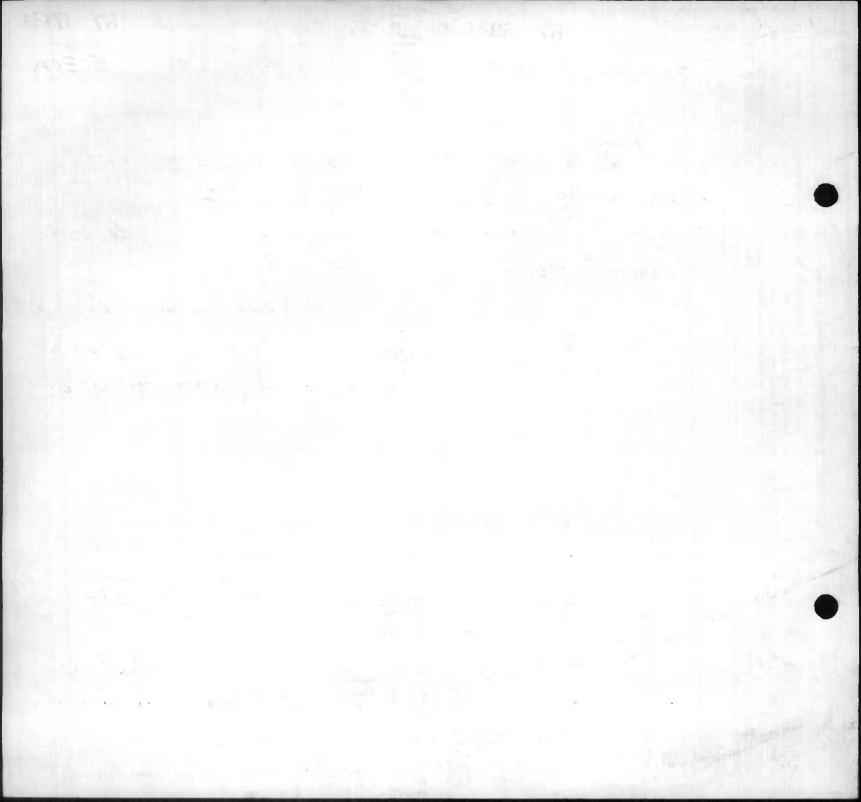
		HEALTH DEPARTMENT	Destaurad Na	67 69
BIRTH NO. M.E. CASE NO. 1, NAME OF DECEASED	3923 CERTIFICA	TE OF DEATH	Registered No	
(Type or Print) Silverslein,	mr myer	7/	17/67	7:45
3. PLACE OF DEATH IN BALTIMORE, MARYLANI FULL NAME OF (If not in hospital or instit HOSPITAL OR oddress or location)		4. USUAL RESIDENCE (Whe A. STATE B. COUN That I ary long	TY .	JRAL ond give township)
Baltimore, and	2.	Saltimo	ire	15-3
			oring dale	
6. RACE 7. MA	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	4/18/95	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 2 Months Doys Hours
10A. USUAL OCCUPATION (Give kind of work) done during most of working fife, even if retired) Al Local 13. FATHER'S NAME		11, BIRTHPLACE (State or fore) POLAND 14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?
Joek		Dova	ALE	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of se	rvice) 1 6- SOCIAL SECURITY NO.	7. INFORMANT		ADDRESS
No	213-03-4905	WIFE		Same
hearf failure, asfhenio, etc. If meons the di injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stoting UNDERLYING CONDITION last.	(B) Ca e	X Colon .		Poss. 12mm
WAS PERFORME	FOR WHICH OPERATION	Olic C.V. Dis		NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, offietc.)	or obout 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour (APPROX.)	21E. INJURY OCCURRED While At Not While At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (1) (this the pital) after that (1) (see) last saw the deceased aliverand have and from the causes stated about 23A. SIGNATURE	e an July /			ian death accurred an th
Lester a. Stal.	Phys.	Med. Director 3D. ADDRESS	Stoff Phys.	7/17/67
23C. PHYSICIANS NAME (Type) LETTER A. WALL	JR. M.D.	10395%	Paul SX	21202
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 7/18/67	24C. NAME of CEMETERY OF CREA	MATORY 24D. L	OCATION (City	, town, or county) (S

Sy

Buryeau, soid . 3707 James Holle Plas 4/4/42 72 Morned G. I Trait Homen hape Co of Colon. alexander (1 des redelles X1 1001 X2 90M RETTER A WALL JA

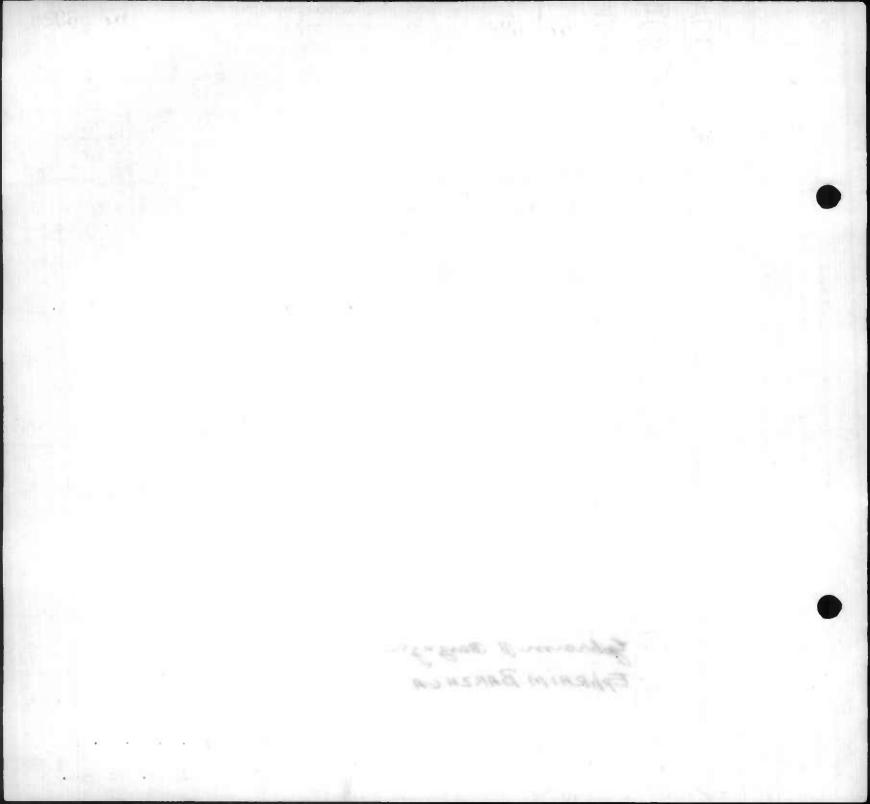
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

1		BALTIMORE CITY	HEALTH DEPARTMENT		m MM	0004
	н No. 67 6	924 CERTIFICA	TE OF DEATH	Registered No	67	6924
1. N	AME OF DECEASED			D HOUR OF, DEATH		
(Ту	HeRR Jeong	C	7/	18/67	5.	30A. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. Il ins	titution: iesidence b	elare odmissian)
	FULL NAME OF (If not in hospital or institut	ion, give street		ind		
	NSTITUTION Dulle land h	unsing	Tenda 16.	tside city limits, write R	URAL and give town	nehip)
7	O Home	,		rural, give location)		,
*	1501 Dulle land	1 5%.	1001 w.	RUSS S	freet	
5. 5	male White 7. MARE WIDE	NED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 7/1/95	9. AGE (In years last birthday)	If Under 1 Yr. Months Days H	Under 24 Hrs. ours Min.
	. USUAL OCCUPATION (Give kind of work 10 B. KINI during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF	TRY?
don	Sever Bre	om fartius	Maryland		41.5	. A.
13.	FATHER'S NAME	110111	14. MOTHER'S MAIDEN NA	ME		
	William J. Herr		Alice Es	reply		
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,na ar unknown) (II yes, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS	
	Ne	,	Unlle land h	unsing Ho	ne 30	16 land St
	18. / 6 2 . / 1	CAUSE O	F DEATH	1	INTERVAL ONSET AR	BETWEEN ND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ma	IGNANT ACHEN	IA	6 m	1-5
	(This does not meon the mode of dying,				0 "	
	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	15p	MARHOGENIC CO	RCINOMA	4/10	11
	ANTECEDENT CAUSES	DUE TO			1	-6-C
	DISEASES OR CONDITIONS, if any, girse to the above cause (A) stating				2)	
	UNDERLYING CONDITION losi.	(6)	=0	· • • • • • • • • • • • • • • • • • • •		***********
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING				
AT	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE				
ERTIFIC	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDE ISES OF DEATH?	RED
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., in home, lorm, lactary, street, ol etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(II in Baltimare	City, give exact loc	cotion)
MEDI	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		/
2	(APPROX.)	While At Not While At Wark		~	1-10	11
	22. I certify that (I) (this hospital) attend	ed the deceased from	-29-	10 / 8	Dy	19 6 /.
	that (I) (we) last sow the deceased alive	on Jul	19 (3) and th	nat in (my) dour) opin	Ion death accurr	ed on the dote
	ond hour and from the couses stated abov	e. (1) (de) (did) (did not)	iew the body ofter death.			
	23A. SIGNATURE	M.D. Atte	ending Med.	Stoff Phys.	238. DATE SIGNED	67
	23C. PHYSICIAN'S NAME (Type) Dr. Emerson C. Walden		23D ADDRESS	venue, Balt	o., Md. 2	21216
24/	A. BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY of CRE			y, town, or county)	(State)
	Burial 7/2/67/	HolyCross	Ba	Itimore,	Maryla	nd
25/	DATINEC'S HI HEALTH DEST. O 258. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTO	0 1	ADDR	ESS



		BALTIMORE CITY	HEALTH DEPARTMENT		67 692
	rh No. 67 69	325 CERTIFICA	TE OF DEATH	Registered No	67 692
1, N	IAME OF DECEASED		2. DATE AND	HOUR OF DEATH	
	THOMAS A LORD AND		i	ucy ig	967 6:10
3. 1	THOMAS A. JORDAND PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceosed lived. If insti	tution: residence before odmi:
			A. STATE B. COUNT		
- 1	FULL NAME OF (If not in hospital or instituti oddress or location)	on, give street	C. CITY OR TOWN (If outsi		RAL and give township
ر ح	NSTITUTION		MARYCANS		1-0-
5-	5 Palasan			ol, give location)	1 9
	CHURCH HOME A	NO HOSPITA	2405 M	C 228 2m	y St.
5. 5	EX 6. RACE 7. MARR	WED, DIVORCED (specify)		AGE (In years at birthday)	If Under 1 Yr. If Under 24 Norths Doys Hours
	USUAL OCCUPATION (Give kind of work 10 B, KIND	Married OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	e during most of working life, even if retired)				WHAT COUNTRY?
	employer	Concetruction	PENNSY (Umplan	- pucho
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
	CHARLES SE	LD 70W	1 athetasemen		
15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		Mrs. Edna E. Jor	dan 21.05 1	o Elderry St.
	1B. 4 9 ()	CAUSE O		-40) :	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	(A)	PULMON PARTOMOSCLETOT Charles 1100 117	ru even	of ~ wondin
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the disease	e.g., DUE TO	. On a n a wight of O the time and a 100 a a the time a time a the time a ti	3	**************************************
	injury or complication which coused death.)		ANTONOSCLEROT	C HERRY DI	SERSE MEN
	ANTECEDENT CAUSES	(B)	CONGESTIVE 170	MY FRILL	RE 1001
	DISEASES OR CONDITIONS, if ony, give	001.0			
	rise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING			
ATIO	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE			
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
CERTIFIC	WAS PERFORMED			IN CERSIFFING CAUS	ES OF DEATH?
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	fice bldg. INJURY OCCUR?	(tf in Bottimore C	City, give exact location)
CAL	DEATH (notify medical examiner)	etc.)			
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
\$	(APPROX.)	While At Not While Work At Work			
	22 1		1 .	17 . 3	1,8 6,000
	22. 1 certify that (1) (this haspital) attended			10	+ (O (6.50 19)
	that (I) (we) last sow the deceased alive			in(my) (our) opini	an death occurred on the
	and hour and from the causes stated above		iew the body ofter deoth.	-	
	23A. SIGNATURE CALLED	s. Bargaga	ending Med. S	aff D	38. DATE SIGNED
	W W TO	Phy	s. Director P	hy s.	
	7				July 8
	23C. PHYSICIAN'S EPARAIM		23D. ADDRESS		July 18,
	23C. PHYSICIAN'S EPARALINE		23D. ADDRESS	est HM	July 18,
244	A. BURIAL CREMATION, 24B. DATE 246	ARZA CA	CHUIC	CATION (City,	July (8, 108) town, or county) (5)
24A	A. BURIAL CREMATION, REMOVAL (Specify)	M.D.	CHUIC EMATORY 24D. LO		town, or county) (St
	A. BURIAL CREMATION, REMOVAL (Specify) Burial 7 24 67	ARZA CA M.D.	CHUIC EMATORY 24D. LO	CATION (City, oklyn, A. A.	
	A. BURIAL CREMATION, REMOVAL (Specify) Burial 7 24 67	M.D. C. NAME of CEMETERY of CRI Cedar Hill	CHUIC PARTORY 24D. LO. Bro	oklyn, A. A.	town, or county) (St

130 E.

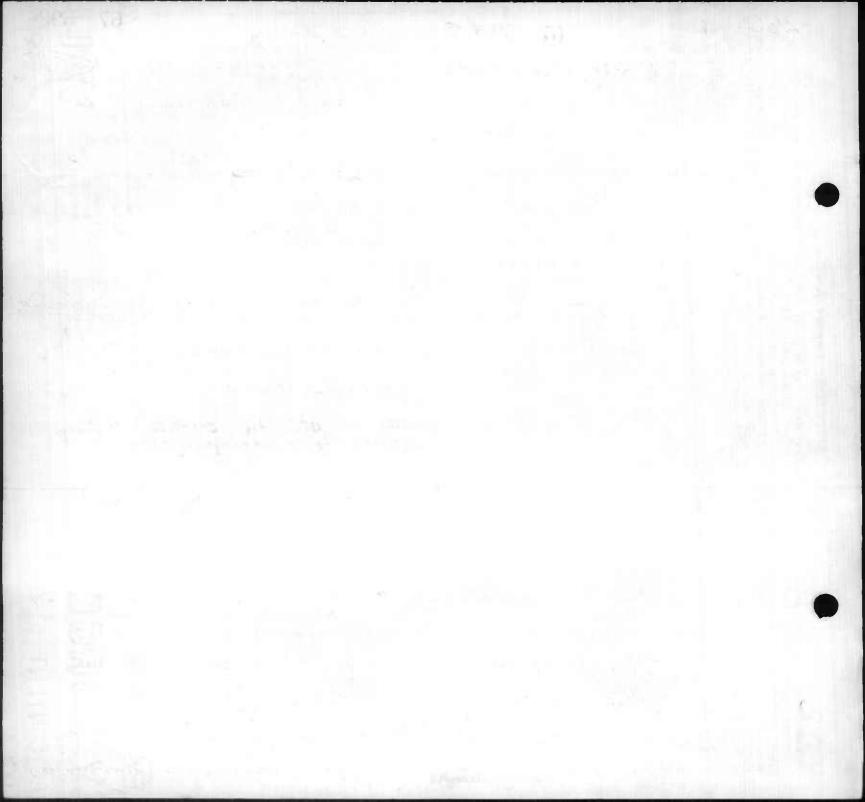


BALTIMORE CITY HEALTH DEPARTMENT

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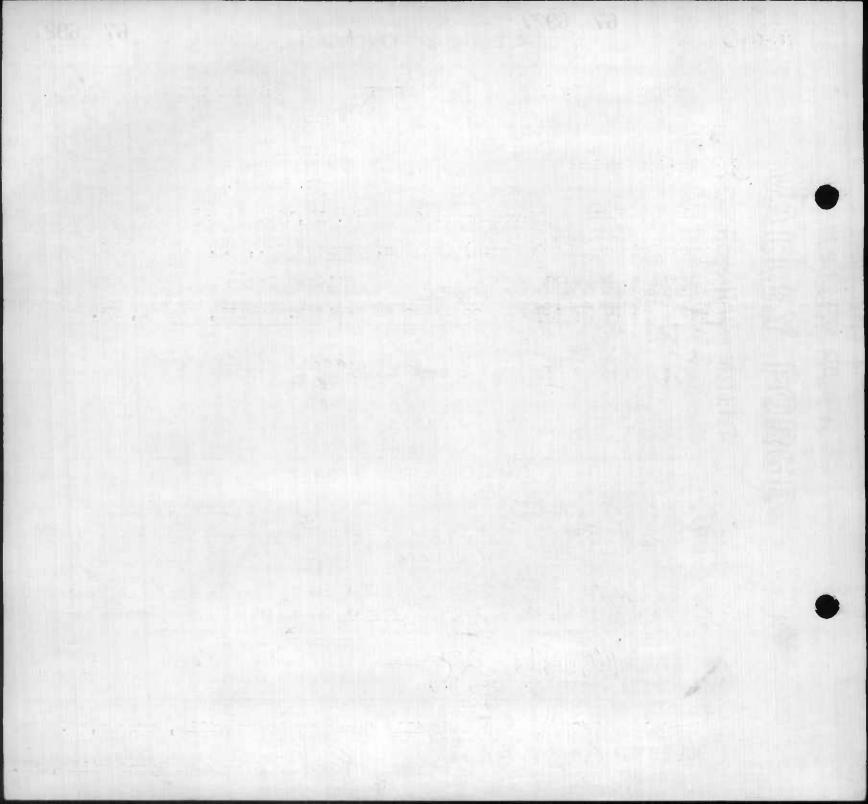
VS 150-REV. 1/1/65

Registered No.



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6927

M.E. CASE NO.	74122	TO TE EN THIN TER O			-/ (
1. NAME OF DE	CEASED			2. DATE AND	HOUR PRONOUNG	CED DEAD		
(Type or Print) ROBER	T Pau	MED	RRILL	T1171	16 1067		9.10	Α
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONOUNCED DEAD		DENCE (Where d	16, 1967 eccesed lived. If ins B. CO	stitution: residence	8:10 before od	mission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					p)	
3 Hopkin	s Hospital			oress (If rurol,				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BI	TH	9. AGE (In years lost birthday)	If Under 1 Yr. Months Doys		
Male	White	Never Married ork 108 KIND OF BUSINESS OR INDUSTR	Feb. 1	9,1940	27		<u> </u>	
	Working life, even if retired		TILL BIRTHPLAC	(Stote of foreign	country)	12. CITIZEN O		
Truck D		ick Wagon) Own Bur		ALL CO.	Md.	US	A	
13. FATHER'S NA	WE		14. MOTHER'S	MAIDEN NAME				
	R. Merril			red Gre	een	ADDRESS		
	ED EVER IN U.S. ARM	otes of service) SECURITY NO.	17. INFORMAN					
Yes	1957 to 1	.960 220-34-203	34 David	R.Meri	rill, Bar	rton, Md		
18.) 9 8	3 X .	CAUS	E OF DEATH		- /		RVAL BET	
DISEASES RISE TO THE UNDERLYI OTHER SIG	ANTECEDENT CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST II CHIFICANT CONDITION DEATH BUT NOT I	ANY, GIVING STATING THE TO THE TO THE TO THE TO THE TO THE TO THE THE TOTAL THE THE TOTAL THE THE TOTAL TH						
19A. DATE O		NOTE. ONDITION FOR WHICH OPERATION ERFORMED	20 A. AUTOP	1	OB. IF YES, WERE F			Voa
21A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB- UNING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exoct location) home, (r/m, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?						ed ne		
SIGNAT	NER' Werne	r U. Skitz, M.D.	**	MEDICAL EX			7/16	6/67
23A, BURIAL CRI REMOVAL (Speci	EMATION, 238 DATE	232. NAME OF CEMETERY	or CREMATORY	23 D. LO	CATION (Cit	y, town, or county) (5	Stote)
Buria	- 100	67 Grantsville		ery Gran	ntsville,	Garrett		
JUL 20		& E, Falley MA	Rua		imen			e. Ma



BALTIMORE CITY HEALTH DEPARTMENT	67 6020					
MRTH NO. 67-14991 67 6928 CERTIFICATE OF DEATH Registered	No. 0728					
1. NAME OF DECEASEDPAULA ANNE (Type of Print) 2. DATE AND HOUR OF DI	EATH					
344 4== == ALC/3UN 7-17-67	7.15 PM.					
TULL NAME OF 111 not in hospital or institution, give sheet	Balto Co.					
INSTITUTION	write RURAL and give township)					
BLEON SEWURS HOSPITAL D. STREET ADDRESS (If rurol, give locotic	on)					
apt 214 A Baston	Lourt (28.)					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years wildowed), DIVORCED (specify) 7-17-67	s If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min,					
to A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR WOUTERY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?					
BON JECOURS HOST	PITAL INVITED LITTES					
13. FATHER'S NAME	Deleti en Zinios					
MICHAEL ALLISON CATHERINE PA	41174					
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS (2/228)					
(Tes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	WA P. T Pout					
18. CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH (A) A the class of						
(This does not mean the mode of dying, e.g., DUE/TO heart foilure, osthenio, etc. II meons the disease,						
(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. II meons the disease, injury or complication which caused deoth.) ANTECEDENT CAUSES (B) Use Muleum 12 (1985)						
DUE TO						
DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the (C)						
UNDERLYING CONDITION lost.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, V	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?					
1 U 21A, ACCIDENT WAS UNDERLYING 218 PLACE OF INITIRY (e.g., in or about 21C, WHERE DED. (If in Bo	oltimore City, givo exact location)					
OR CONTRIBUTING CAUSE OF home, form, foctory, stroet, office bldg., INJURY OCCUR?						
OF INJURY While At Not While						
OF INJURY (APPROX.) While At Not While Work At Work						
22. I certify that (I) (this hospital) attended the deceased from 7-/7 19 6 7 to	7-17-19-4-7-					
22. I certify that (I) (this hospital) attended the deceased from 19 0 to that (I) (we) last saw the deceased alive on 1 19 0 and that in (my) (our) opinion death occurred						
ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.	, opinion death decorred on the data					
23A. SIGNATURE	238. DATE SIGNED					
Hosta Mita A. Tana My M.D. Attending Med. Director Phys. A 7-17-67						
23C. PHYSICIAN'S 23D. ADDRESS	1/// 0/					
FATRELLITA DITOLAS MOM.D. BON SEROLOS UN	(PITA)					
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (State)					
Sural 7/19/67 Holy Redemar Com 4430 Belair	es But ho					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS 901					
JUL 20 1967 P. D. Or E. Farlowed John Comen ~	Sanda Flothing It					
VS 150-REV. 1/1/65	Best med					

Name added from B.C. 67-14991 8-7-67 M.H.

(1)

AND HOUR OF DEATH 07/17/67

4:30 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A, STATE

B, COUNTY

FULL NAME OF	(If n
HOSPITAL OR	odd
INSTITUTION	

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death) hospital

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to

was D.O.A. shows: (1)

deceased prior to written approval

must

to the hospital any nature; 9

the body was released

disposition is made.

5. SEX

ot in hospital or institution, give street

MARYLAND

and give township

AGNES

WHITE

B. DATE OF BIRTH

9. AGE (In years lost birthdoy)

If Under 24 Hrs. Doys Months!

10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) RETIRED-STAND.OIL

6. RACE

15. Was Deceased Ever in U. S. Armed Forces?

MARYLAND

12/07/06

17. INFORMANT

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME

MALE

AUGUST EMGE

14. MOTHER'S MAIDEN NAME

LOUISE DAUTRICH

ADDRESS

1 6. SOCIAL

MARRIED, NEVER MARRIED

110	es, no or unknown? (It yes, give wor or dotes of service)	SECURITY NO.			
	NO	213058298	ST AGNES RECO	ORDS-CATON	& WILKENS AVE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heoit failure, osthenio, etc. It meons the disease, injury or complication which coused death.)	(A) CAL	anoma of fa	ngs	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	(B)		99# 8 ## Amas ######## 9 ### 6 # 6 # 6 # 6 # 6 # 6 ###	**************************************
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)			*********************************
ERTIFICATION		5		4	
	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	VHICH OPERATION	NO	20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
CALCE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) 21 B. hometry	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obaut 21 C. WHERE DID ice bidg., INJURY OCCUR?	(If in Boltimore C	ly, give exoct location)

(Yeor) 21E, INJURY OCCURRED OF INJURY

21 F. HOW DID INJURY OCCUR?

(APPROX.) Work (this hospital) ottended the deceased from

Not While At Work JULY

and that in (mx) (our) apinion death occurred on the date and hour and from the causes stated above. (We) XXX) (did not) view the body ofter death.

23A. SIGNATURE

Attending Phys. M.D

Med. Stoff Director

238. DATE SIGNED JULY 17, 1967

23C. PHYSICIAN'S

23 D. ADDRESS

ST.AGNES HOSPITAL .WILKENS 3

24A. BURIAL CREMATION.

25C. FUNERAL DIRECTOR

VS 150-REV, 1/1/65

FUNERAL DIRECTOR:

IMPORTANT

412 160/21 213 160. JIS. BANTS-LEATTEN HOLLIE DILLOT Breis Taubua STEEDERSHIP OF ACRES RECORDE-STEEL SHILKE

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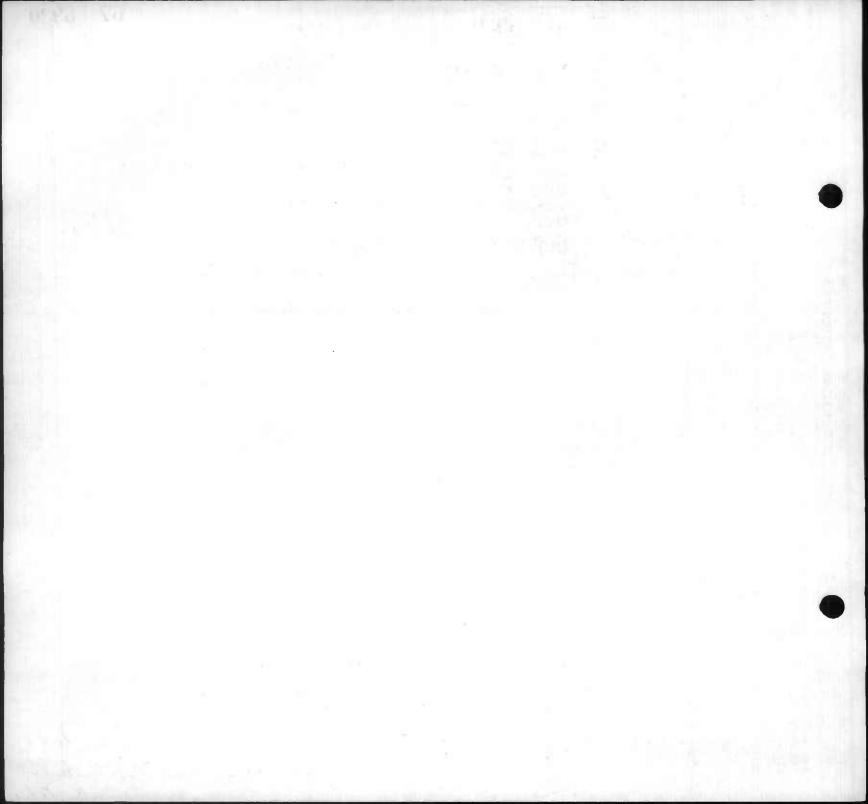
ST. AGNES HUSEYY L. NICKENS | C. TON DE.

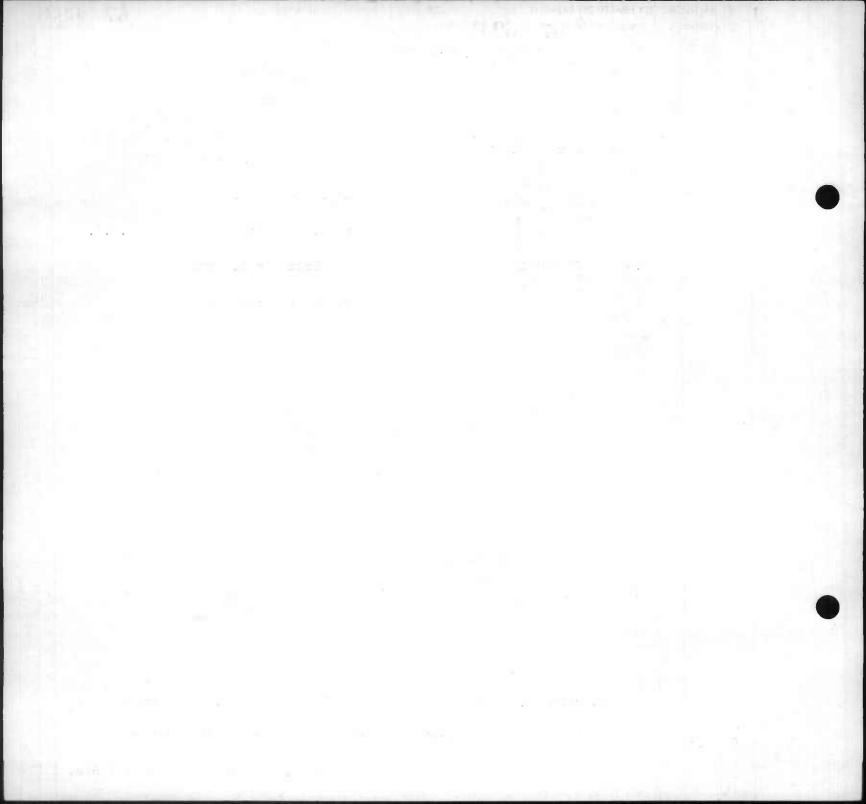
JULY 13 TOBS

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Such

	BALTIMORE CITY HEALTH DEPARTA	AENT	67 6000
BIRTH NO. 67 693 M.E. CASE NO.	O CERTIFICATE OF DEA	TH Registered No.	07 0930
1. NAME OF DECEASED	1/NG	TIPE 167	2 45 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDEN	CE (Where deceased lived, If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, gr HOSPITAL OR oddress or location) INSTITUTION	ve street C. CITY OR TOWN	(If outside city limits, write RUI	RAL and give Journship)
902 W. Lombard ST	D. STREET ADDRESS	Ill rurol, give location)	t- (21223)
	NEVER MARRIED B. DATE OF BIRTH DIVORCED (specify)	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work IDB, KIND OF done during most of working life, even if refired)	BUSINESS OR INDUSTRY 11. ARTHALACE ISTO	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAII	DEN NAME	
15. Was Deceased Ever of U. S. Armed Forces. (Yes, no or unknown) (If yes, give wor or date of service)	6. SOCIAL 17. INFORMANT SECURITY NO.	* on . Same	ADDRESS
NO - 2	19-01-35 Brange	Jing - 902 W	Lombard It
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	· Oa =	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)	DUE TO		
ANTECEDENT CAUSES	DUE TO	2	
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	es or No. 208. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?	
	E DID IIf in Boltimore C CCUR?	ity, give exact location)	
	e At Not While	DID INJURY OCCUR?	
22. I certify that (I) (this haspital) attended the		19 67 10 Jus	18 1967 -
that (I) (we) lost saw the deceased alive on.		and that In(my) (aur) opinio	on deoth occurred an the dote
ond hour ond fram the couses stoted above. (1)	(We) (did) (dld nat) view the body after		3B, DATE SIGNED
Charles Commased	M.D. Allending Med. Direc	lor Stoff Phys.	Jul 19/69-
Charles (ommasell	23D. ADDRESS M.D. 900 W.	Combord 8	
24A. BURIAL CREMATION, 24B. DATE 24C. NAI	ME of CEMETERY OF CREMATORY	24D. LOCATION ICity,	town, or county) Islate)
25A, DAU RECOUNTY HEALTH DEPT. 25B, NAME OF	ew-Cathedial REGISTRAR 25C. FUNERAL C	DIRECTOR	ADDRESS ALL
VS 150-REV. 1/1/65	Juny. O	owan son Jus	Batto. Not





	BALTIMORE CITY	HEALTH DEPARTMENT		67 6932
BIRTH NO. 67 6	932 CERTIFICA	TE OF DEATH	Registered No.	
1, NAME OF DECEASED			AND HOUR OF DEATH	
(Type or Print) GUNN GEORGE GERA 3. PLACE OF DEATH IN BALTIMORE MARYLAND	I.D	7/1	8/67 10:30 F	PM A
B. PLACE OF DEATH IN BALTIMORE MARYLAND		4. USUAL RESIDENCE (W. A. STATE B. CO.	here deceased lived. If in	stitution: residence before odmission
FULL NAME OF (If not in hospital or institution oddress or location)		MARYLAND c. city or town (If	outside city limits, write	RURAL ond give township)
VETERANS ADMINIST		DWILTHOUS		53-00
3900 LOCH RAVEN B		D. STREET ADDRESS	(If rural, give location)	
BALTIMORE, MARYLA	IED. NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Transfer and the second
WIDO	WED, DIVORCED (specify)	o. DATE OF BIRTH	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
MALE WHITE MA DA, USUAL OCCUPATION (Give kind of work 10B, KIND	RRIED OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	50 preign country)	12. CITIZEN OF
one during most of working life, even il retired)				WHAT COUNTRY?
BLOCK LAYER CON	STRUCTION	MARYLAND	AME	USA
JAMES WALTE GUNN 5. Wos Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	CLARA BELLE	WHEAT	ADDRESS
es, no or unknown) (III yes, give wor or dates of servi	SECURITY NO.	RECORDS		
YES 1/25/43-10/15/45	212-14-15-53 CAUSE 0	V.A. HOSPITA	L, BALTIMORE	MD. 21218
18. 6	CAUSE C	FUEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CARCI	NOMA OF THE S	TOMACH WITH	2 MONTHS
(This does not meon the mode of dying, heart foilure, ostherio, etc. 11 meons the dise	e.g., DUE TO ME	NOMA OF THE S TASTASES TO E	OTH LUNGS.	
injury or complication which coused death.)	056,			
ANTECEDENT CAUSES	(B) DUE TO			
DISEASES OR CONDITIONS, if ony, give	ving			
rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	(C)			
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE			
DISEASE OF CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES WERE	FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED		NO.	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Boltimore	e City, give exact location)
DEATH (notify medical examiner)	etc.)	ince sings, myseki occok:		
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	Vol.
(APPROX)	While At Work At Work			
22. I certify that (1) (this hospital) attended			19 67 to JULY	18 19 67
that On (we) lost saw the deceased alive				
and hour and from the couses stated above				mon decin occorred on the do
23A. SIGNATURE	STATE OF THE PARTY	The oddy offer deon		23B, DATE SIGNED
V COL	M.D. Att	ending Med.	Stoff Phy s.	7/10/67
23 C. PHYSICIAN S		23D. ADDRESS	, , , , , , , , , , , , , , , , , , ,	7/19/67
ERNESTO PASMITH	M.D.	V.A. HOSPTTA	L, BALTIMORE	MD. 21219
4A. BURIAL CREMATION, 24B, DATE / 240	NAME OF CEMETERY OF CR			ty, town, or county) (State)
REMOVAL (Specify) 7/22/67	Loudon Park Cem	eterv	Baltimore	Md.
	ME OF REGISTRAR	25C. FUNERAL DIRECT		ADDRESS
JUL 20 1967 R. C. B. E.	Jarbar M.	Howard H. H	ubbard 4107	Wilkens Ave. 21229

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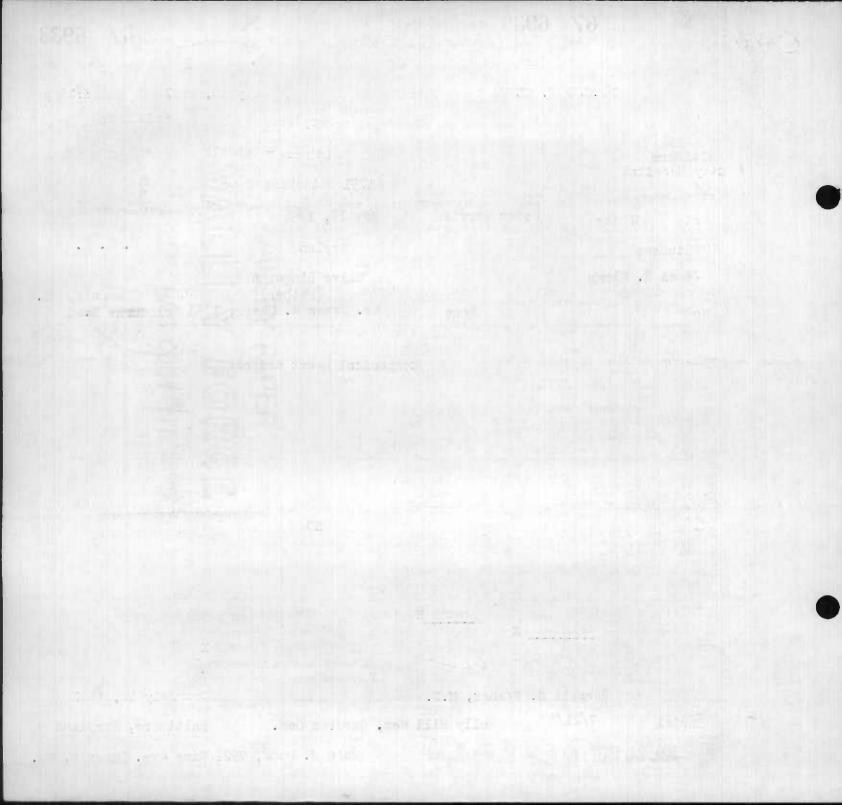
6933 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL EX	XAMINER'S	CERTIFICAT	TE OF DEATH Registe	ered No 62	6933
M.E. CASE NO.					X		
1. NAME OF D	ECEASED				2. DATE AND HOUR PRONOUNC	ED DEAD	
trype or rinns	CHARLES T	CLEGG			Tuly 18 1067	7	9.25 -
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE	July 18, 1967 ENCE (Where deceased lived, If ins B, CO	litution: resident	
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	C. CITY OR TOV	N (If autside carparate limits, writ		
Baltimore City Hosp				Balti D. STREET ADDI	more - Dundalk RESS (If rural, give lacation)	03	3-00
orey nosp	LCar			1751 Mel	bourne Road		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRE	H 9. AGE (In yeors	If Under 1	Yr. If Under 24 H
		1	DIVORCED (specify)	Man. 07 7	last birthdoy)	Months Da	ys Hours Min.
Male	White		Married	May 27,]	13	10 01-1-1	
	CUP TION (Give kind of work of working life, even if retired)	KIUS, KIND O	L BOZINEZZ OK INDOZI	Maryla		12. CITIZEN WHAT C	OUNTRY?
13. FATHER'S NA		1		14. MOTHER'S M			
James	W. Clegg				Kingston		
	SED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT	Tather)	ADDRES	dalk, Md.
No No	wn) (If yes, give wor or dote	es of service)	None		W. Clegg, 1751 Me	lbourne	Road
UN DERL	ANTECEDENT CAUSE S OR CONDITIONS, IF A THE ABOVE CAUSE (A) S YING CONDITION LAST.	NY, GIVING	(B)				
2	ll l						
O THE	IGNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO	NG THE			0001 0000000 000 0000	
19A. DATE	OF OPERATION 198. CON		WHICH OPERATION		? (Yes or No) 208, IF YES, WERE FI		
O UNDERLYIN	NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	21 B, hometc.)	e, farm, foctory, street,	office bldg., INJURY	VHERE DID (If in Baltimore City, g	ive exoct locat	ian)
21 D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Yeo	,	WHILE AT NOT AT	T WHILE WORK	OW DID INJURY OCCUR?		
	ertify that I held on I				d that on this bosis, death in		
res	sulted from: Natural co	uses X	Accident Suic		de Undetermined mann	er _	
	AL TURE	De la	ther M.	D. ASSISTANT M	EDICAL EXAMINER X EDICAL EXAMINER EDICAL EXAMINER		DATE SIGNED
	(Type) Russell	S Fich	er. M.D.			1 10	1067
23A. BURIAL C	REMATION. 23B DATE	23	C. NAME OF CEMETERY	or CREMATORY	23D. LOCATION (City	, town, ar cour	nty) (State)
Burial	7/21/6	7 F	Holly Hill Me	m. Gardens	Cem. Balti	more. Ma	arvland

JUL 20 1967 PL 248, NAME OF REGISTRAR

Holly Hill Mem, Gardens Cem. 24C. FUNERAL DIRECTOR Baltimore, Maryland

John J. Duda, 7922 Wise Ave. Dundalk, Md.



contributing cause of death

hospital

occurred

(4) Undetermined cause; (5) Deceased

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(Hout) 21 E. INJURY OCCURRED

21 F. HOW DID INJURY OCCUR?

(APPROX.) 22. I certify that (1) (this hospital) attended the deceased from

(Month) (Dov) (Year)

that (I) (we) lost sow the deceased alive on....

While At Not While [Al Work

ond hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death. 23A. SIGNATURE

Attending

Phys.

6-2

23D. ADDRESS

Med. Director Phy s. 23B. DATE SIGNED

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

W.D.Church Home 24C. NAME OF CEMETERY OF CREMATORY

24D. LOCATION

(City, town, or county)

and that in (my) (our) opinion death occurred on the date

7/21/67 Most Holy Redeemer Cemetery

25C. FUNERAL DIRECTOR

Baltimore, Maryland

VS 150-REV. 1/1/65

Burial

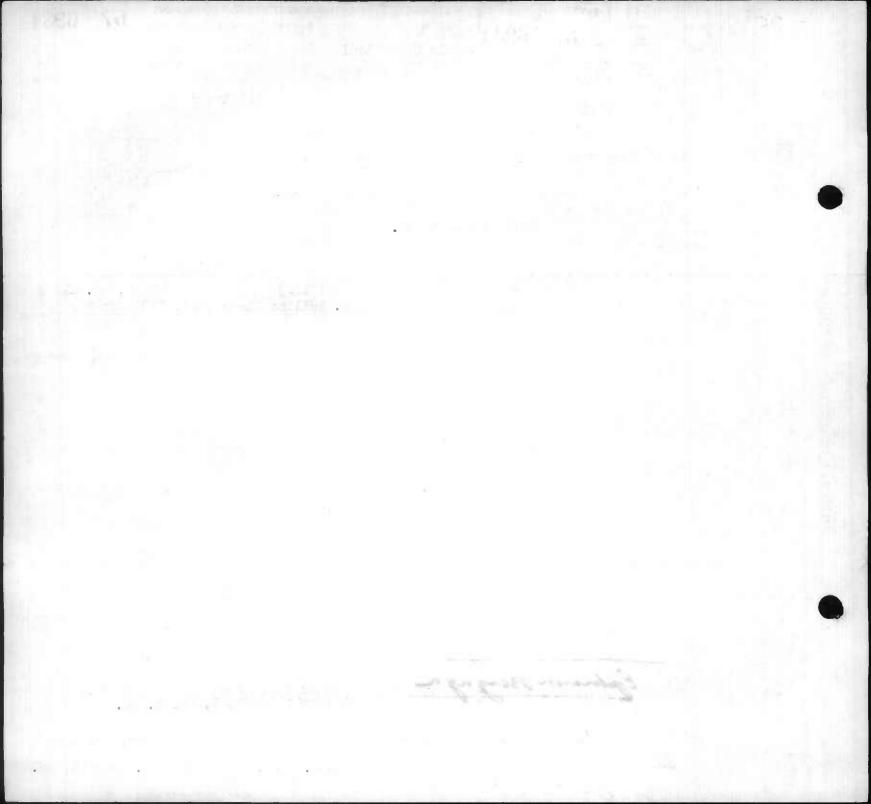
23 C. PHT S CIAN'S

21 D. TIME

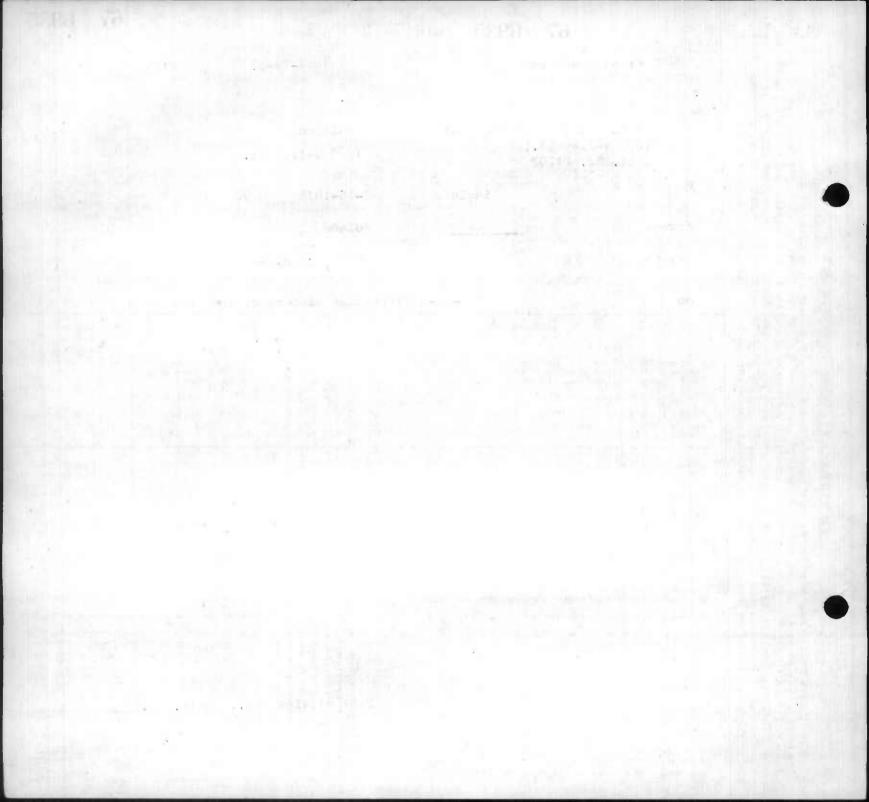
OF INJURY

John J. Duda, 7922 Wise Ave. Dundalk, Md.

(Stote)

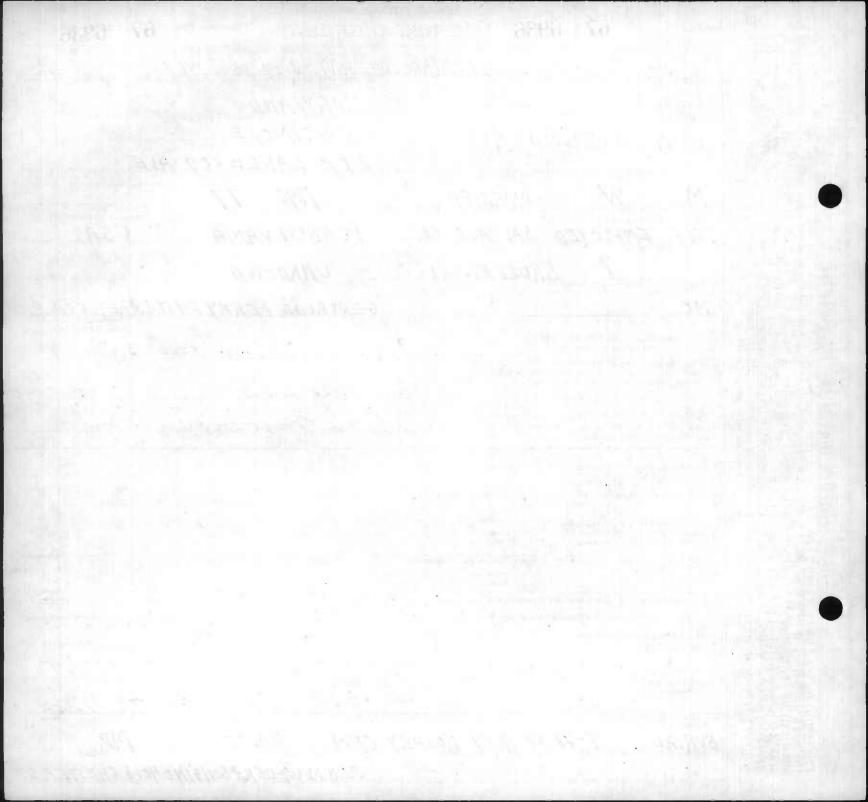


					BALTIMORE	CITY HEALTH	DEPARTMENT		Ch	000
	H NO.		67	693	5 CERTIFI	CATE O	DEATH	Registered No	67	693
1. N	AME OF DEC	EASED	0,1	000	,0			AND HOUR OF DEAT	н	
(Тур	e or Print)	Frank	Rosema	rk			7-19	-67	4:15	Р
	LACE OF DEA					A. STATE	RESIDENCE (V B. CO	there deceased lived. If UNTY	institution: residenc	e before admis
1	ULL NAME O	F (II not	in hospitol	or institution, 1)	give street	C. CITY	OR TOWN (II	outside city timits, write	RURAL ond give	tows ship)
- 11	NSTITUTION	ittle	Sister	s of th	e Poor	Ba	ltimore			10-0
6	10	200 Va	lley S	t.,				(If rural, give location)		
		Balt. M	d. 212	02		120	0 Valley	St.		
5. S	М	6. RACE		WIDOWE	NEVER MARRIED D. DIVORCED (specil Ingle	3-15	-1875	9. AGE (In years lost birthdoy) 92	If Under 1 Yr. Months: Doys	tf Under 24 Hours M
	during most of the Farmer			10B. KIND OF	BUSINESS OR IND	Pola		oreign country)	Yes US	UNTRY?
13.	Joseph			1			y Organi			
15. \	Was Deceased	Ever in U. S	Armed For	ces?	1 6. SOCIAL	17. INFOR			ADDI	RESS
	no or unknown				SECURITY NO.			s of the Poo		
	18. 42 5	23: / 1			CAU	SE OF DEATH		,		AL BETWEEN
	DISEAS	E OR CON	DITION DIE	RECTLY		2.	1			AND DEATH
		LEADING 1			(A)	Cere	bral	remond	age 3	Lay
	(This does n			dying, e.g., the diseose,		0		7		
	injury or com					A S	bral CV.			
		ANTECEDEN	T CAUSES		(B)			***************************************		************
21	DISEASES C									
	rise to the			stating the	(C)			**********************		
	ONDERCHIN	CONDING	711 1031.							
MOIL		EATH BUT	NOT RELA	ONTRIBUTING THE						
RTIFICA	19A. DATE OF			DITION FOR	WHICH OPERATION	20A. A	UTOPSY? (Yes or	No. 208. IF YES, WER	E FINDINGS CONS	NDERED ?
CE	21 A. ACCIDER OR CONTRIBL DEATH (notily	TWAS UN	DERLYING USE OF	21 B hom etc.	PLACE OF INJURY	(e.g., in or obout eet, office bldg.,	21 C. WHERE DIC	(If in Boltim	ore City, give exoc	t locotion)
EDIC	21 D. TIME	(Month) (I	Doy) (Yeor)	(Hour) 21E	INJURY OCCURREN	D	21 F. HOW DID	INJURY OCCUR?		
WE	OF INJURY (APPROX.)					While				
				Wo		Work U				
					he deceased from			19 to		19
	that (I) (we)	lost sow t	ne deceose	d olive on	1.18	194	ond	that in (my) (our) o	pinion deoth occ	urred on the
	and hour one	from the	ouses sto	red obove. () (We) (did) (did 1	not) view the b	ody ofter deat	h.		
	23A. SIGNATU	RE)	11	1					23B. DATE SIGN	NED
	1	2/10	die	ha >	M.D.	Attending Phys.	Med. Director	Stoll Phys.	7.17.	6/
	23 C. PAYSICIA					23D. ADDR				/
	NAMER	ype)	Kudi.	DKA		M.D. 2454	1.12.3.1.1			
244	BURIAL CRE		B. DATE		AME of CEMETERY	2131	Wilkins		City, town, or coun	ly) (St
/	2000	decily)	7/21/	67 G	thedr	al -		Baltin	wel	0
25A	DATE REC'D	20 196	T RD	25B. NAME	REGISTRAR	25C.	UNERAL DIRECT	Hrurg	Sers Only	ans a
VS	150-REV. 1/1/	55			, ,	0	1	1		3

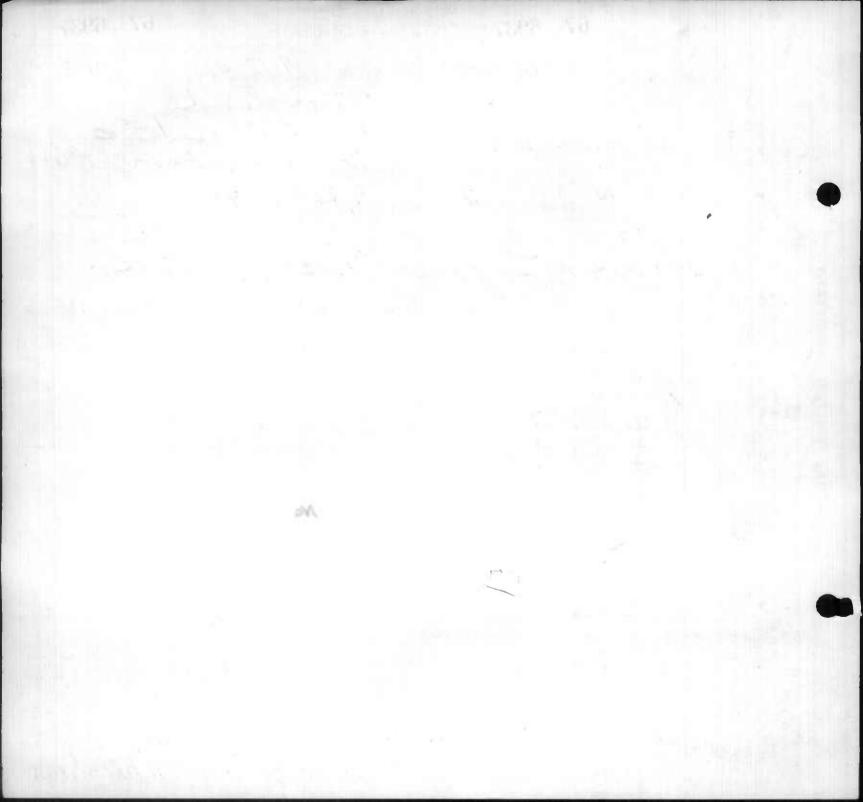


death assistant if or his

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH Such of death (4) Undetermined cause; (5) Deceased on the M.E. CASE NO. I NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) hospital eath. 4. USUAL A. STATE 3. PLACE OF DEATH RESIDENCE (Where deceased fived, Winstitution; residence before admission B. COUNTY ance cause FULL NAME OF (If not in hospital or institution, give street ō outside city limits, write RURAL and give township HOSPITAL OR address or location) attend 0 prior contributing occurred is made. regular 5. SEX MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yi. 6. RACE OF BIRTH If Under 24 His. Hours : Min. deceased Hours WIDOWED, DIVORCED (specify) lost birthday 10A. USUAL OCCUPATION (Give kind of work BUSINESS OR INDUSTRY 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 2 OF SELF E ENNSYL VA Was the death UO kind; 15. Was Deceased Ever in U. S. Armed Foices?
(Yes, no or unknown) (II yes, give wor or dates of service) ADDRESS SOCIAL final SECURITY NO attendance any pronounced 10 18, CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, the chief medical examiner regular examiner. injury ar camplication which coused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving ෆ rise to the above cause (A) stating the = physician the remains UNDERLYING CONDITION last. medical burns: MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. Body 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION the 0 before to the hospital by (2) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, steet, office bldg., INJURY OCCUR? where (If in Boltimore City, give exact location) °N MEDICAL DEATH (notify medical examine) etc.) any nature; approved by be obtained 210. TIME (Month) (Doy) (Year) (Hous) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX.) At Work Work pup 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that In (my) (aur) apinion death accurred on the date o eath) hospital and hour and from the causes stated above. (!) (We) (did) (did not) view the body after death. the body was released must shows: (1) An accident 23A. SIGNATURE 23B. DATE SIGNED certificate must O Attending Phys. M.D. Med. Stoll 40 Oirector L approval Phys. 0 23 O. ADDRESS PHYSICIAN'S prior to o ¥ 24A. BURIAL CREMATION, REMOVAL (Specify) eceased was D.O. decease 258. NAME OF REGISTRAN ADDRESS REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT		Olm	
M.E. CASE NO.	6937	CERTIFICAT	E OF DEATH	Registered No	67	6937
Type or Print) VIGG		OGAN	7-/	7-67		4/15 p
FULL NAME OF HOSPITAL OR INSTITUTION TOHNS HOPKIN	pitol or institution, grve s cotion)		d. USUAL RESIDENCE (Who A. STATE B. COUP C. CITY OR TOWN (II o. C.		8	dence before odmission
. SEX 6. RACE	7. MARRIED, NEV		1623 Ca	necks.	on	Yr. If Under 24 Hr
FN	WIDOWED, DIV	ORCED (speci(y)	9/12/21	lost birthdoy	i	oys Hours Min.
OA. USUAL OCCUPATION (Give kind of one during most of working life, even if ref		NESS OR INDUSTRY	1. BUTHPLACE (Stote or fore	eign country)	12. CITIZEI	COUNTRY?
Harrison	Log	ani	4. MOTHER'S MAIDEN NA	Stan	to	U
5. Was Deceased Ever in U. S. Arme (es, no or unknown) (I(yes, give wor o	d Fores of services	OCIAL ECURITY NO. 4-18-9876	OHN LOBAN	1623 EARE		N PLACE
DISEASE OR CONDITION	DIRECTLY	CAUSE OF	DEATH	0711	IN OI	TERVAL BETWEEN
LEADING TO DE (This does not mean the mod heart loiture, osthenio, etc. It m injury ar camplicotion which co	e ol dying, e.g., eons the disease,	DUE TO	atic Insu	tticiency	9	months
ANTECEDENT CA	USES	(B)				007000-01000 0 7
DISEASES OR CONDITIONS, rise Ia The above couse UNDERLYING CONDITION los	(A) sloting the	(c) NUT	RITIONAL LI	VER DISEA	1SE	Years
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUS	RELATED TO THE	ANURIA	7			
19A. DATE OF OPERATION 198.	CONDITION FOR WHICE	H OPERATION	20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE F	INDINGS C	ONSIDERED ATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		CE OF INJURY (e.g., in m, loctory, street, olfi	or obout 21 C. WHERE DID	(II in Boltimore	City, give	exoct locotion)
21 D. TIME (Month) (Doy) (OF INJURY (APPROX.)	Yeor) (Hour) 21 E. INJU While At Work	Not While	21 F. HOW DID IN	JURY OCCUR?		
22. I certify that (I) (this has			7-13	1967 10 7	-17	1967
that (I) (we) last saw the dec	easea alive an	7-17		hat in (my) (aur) apln	lan death	accurred on the de
23A. SIGNATURE	1 Minnon	t M.D. Atten		Stolf 1	238. DATE	SIGNED 17-67
23C. PHYSICIAN'S NAME (Type)	TEL VINC		D. ADDRESS	OPKINS 1	105P	
AA. BURIAL CREMATION, 248. DATE	E 24C. NAME	OF CEMETERY OF CREA		OCATION (City	y, town, or	county) IState)
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF RE	GISTRAR ATTICAMAN	25C. FUNERAL DIRECTO	10.41 11. 29	NR	ADDRESS
VS 150-REV. 1/1/65	1 Olabert E	10000	WOELL W	, ונ-טו ווועו	N, EK	OHUYYAY



		****		BALTIMORE CITY	HEALTH DEPARTMENT		67 6938
BIRTH N	NO, ASE NO.	67	6938	CERTIFICA	TE OF DEATH	Registered Na.	0000
	E OF DECEASED	ER N. BRUN			2. DATE 07	AND HOUR OF DEATH	10:30 P A
CE	RTIFIC NAME OF HIS	LTIMORE MARYLAN not in hospital or instress ar location)	MAG	VDED sireel, -21,-67	MARY LA	ND	nstitution: residence before odmission
	TUTION	NES HOSPI		1-24-01	BALTIM		RURAL and give township)
1	BALTI		9 MD		4605 MANOR	DENE RD	1
5. SEX		ITE W	IARR IE		8. DATE OF BIRTH 03/13/90	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Month's Doys Hours Min,
done du	ring most of working lile,	even if retired) B	alto. C	city Fire De	in, BIRTHPLACE (Stote or for pt. XXX MARYL		12. CITIZEN OF WHAT COUNTRY? USA
13. FAT	HERS NAME			•	14. MOTHER'S MAIDEN N	IAME	
	WALTER			14	NOT KNOWN		
(Yes, no	Deceosed Ever in U. or unknown) (II yes, gi	. S. Anned Forces? ve wor or dotes of s	ervice)	security No.		F. Brune RECORDS-ST	AGNES HOSPITAL
DI:	LEADING nis does not meen out loiture, esthenic, ury or complication ANTECEDI SEASES OR COND e to the obove NDERLYING CONDIT	etc. II meons lhe d which coused deoth ENT CAUSES DITIONS, if ony, couse (A) slolir TION lost. II ONDITIONS CONTR	giving g the	(A) DUE TO (B) DUE TO	of DEATH hetestati of The	Liver	INTERVAL BETWEEN ONSET AND DEATH
₹ DI	THE DEATH BUSEASE OR CONDITION ADATE OF OPERATION	N CAUSING IT.	N FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR	A. ACCIDENT WAS U CONTRIBUTING C ATH (natily medicol e.	AUSE OF			n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?		e City, give exoct locotion)
21 E	INJURY (Month) PPROX.)	(Doy) (Year) (Hou	While A	T Not Whi		NJURY OCCUR?	
tha	I certify that (1) (1)	the deceased ali-	ve an	07/18/		that in (my) (aur) api	18/ 19 67 inian death accurred an the dat
	d haur and from the	couses stated at	oave.XI) (W	Tru.	ending Med. Director	Stoff Phys.	238. DATE SIGNED
	PHYSICIAN'S NAME (Type) RAMON	SUAREZ		M.D.		SPITAL	
RE	Burial	7/22/67	Lo	of CEMETERY of CR	Cem.	Baltimore,	
	JUL 20 196	7 Roberts	E, Joh	GISTRAR GEY MAIL	25C. FUNERAL DIRECT	D 4101 E	dmondson Av.

ELG.: 5 F AL DYLL LATER HOSELTELL CATOR S ALLKARS AVE S.LYI-DRE 21225, MO ELS EN 1061 HOSPITA E NEU NOSSERT NEUES HOBETT NE

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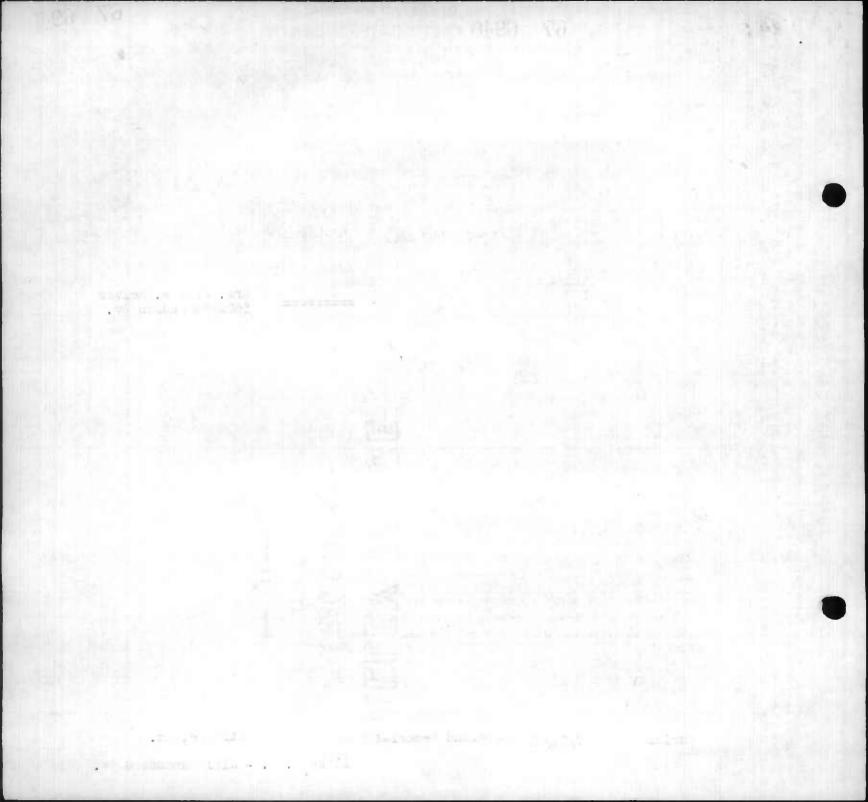
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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	÷	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased, \simeq	3	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

BIRTH NO.	67	6939 CERTIFICA	TE OF DEATH	Registered Na	67 6939
M.E. CASE NO.		CERTIFICA		NO HOUR OF DEATH	
(Type or Print)	William H	. Wehrenberg		uly 17, 1967	2. P.
3. PLACE OF D	PEATH IN BALTIMORE, MA			ere deceased lived. If in	stitution: residence before admission)
FULL NAME		or institution, give street	Md.		
HOSPITAL O		1)	C. CITY OR TOWN (If or	utside city limits, write R	URAL ond give township)
	1217 Washingt	on Blvd.	Baltimore	ruro, aive lacotian)	0/102
00			21217 Washing		
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.
M	Cauc.	Single	Jan. 11/89	78	Months Days Haurs Min.
10A. USUAL OC	CUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF
	al working life, even if retired) tenance Man	Union Trust Co.	Balto., I	Md.	USA.
13. FATHERS N			14. MOTHERS MAIDEN NA		
Lat	e - Ernest Weh	renberg	Eliza	beth	
15. Was Deceas	ed Ever in U. S. Armed Fare wn) (If yes, give war ar date		17. INFORMANT	aha an hama	ADDRESS
(103,110 01 0111110	windin yes, give wor or one	s of service) SECURITY NO. 214-14-726 A	Mr. Henry We	gton Blvd	21230
18.	3.		OF DEATH	S OUT LEVEL	INTERVAL BETWEEN
DISE	ASE OR CONDITION DIR	ECTLY		C 0	ONSET AND DEATH
(Th:	LEADING TO DEATH	(A) CC	runna	Colen	Truender
heort foilur	not meen the mode of e, osthenio, etc. It meens	the disease,			
injury or c	omplication which coused				
DISEASEA	ANTECEDENT CAUSES	DUE TO		~~~~~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	OR CONDITIONS, if the obove couse (A)	ony, giving sloling the (C)	rmh4dm====000000000000000000000000000000000		
UNDERLYI	NG CONDITION lost.			(C O O O O O O O O O O O O O O O O O O O	**************************************
Z OTHER SIG	II SNIFICANT CONDITIONS C	ONTRIBUTING			
E TO THE	DEATH BUT NOT RELA OR CONDITION CAUSING I	TED TO THE			1.43
	OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	ol 208. IF YES, WERE F	INDINGS CONSIDERED
ERT	WAS PERF			IN CERTIFFING CAL	JSES OF DEATH?
OR CONTRI	DENT WAS UNDERLYING DISUTING CAUSE OF C	21B. PLACE OF INJURY (e.g., home, farm, factory, street, a		(If in Baltimare	City, give exact lacotion)
OF INJURY	(Month) (Day) (Year)	(Haut) 21E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At Not Whi Wark At Wark			
22. I certi	fy that (I) (this hospital) attended the deceased from	2/3	1960 to 7	17 19 67
that (I) (au	A lost saw the decease	d alive on 7/17	19 6 2 and th	not in (my) (pur) apir	nion death accurred an the dat
and haur a	and fram the causes stat	ed obave. (I) (We) (did) (did not)	(vlew the bady after death.		
23A. SIONA	TURE to				23B. DATE SIGNED
Je4	em P. Ull	uch to. M.D. AH	ending Med. Director	Staff Phys.	7/18/67
23 C. PHYSIC	IAN'S (Type)		23D. ADDRESS		1
	John 🔑 U	Irlock JR. M.D.	1227 Washing	ton Blvd	21230
24A. BURIAL C	REMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D.	OCATION (Cit	y, town, or county) (State)
Burial		St. Paul, Viol	etville	Balto., Md.	
25A. DATSUE	20 1967 P.P.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS
VS 150-REV. 1/		as designation	112 00 10 I D	- TALVAL ENGINO	HARAN WAR

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VS 150-REV. 1/1/65



6941 BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH At 12-05 Am on 4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before odmission) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 21231 PK . NVE (31) If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ...and that in(my) (aur) apinion death occurred on the date 23B. DATE SIGNED written approval (City, towfi, or county) (Stote) Baltimore Md. Burial July 22.1967
25A. DATE REC'D BY HEALTH DEPT. 25B. N Oaklawn Cemetery PENRY SANDER & SONS. INC. ADDRESS JUL 20 1967 Baltimore Md V\$ 150-REV. 1/1/65

the said that the said allegan About HARREST 1-13-96 71 ye. Riveral Carbell & Salestonic Cayon, Haylon K Dar L. C. Mirton - Greened Hilly Files . James 24.05 non think's dans desiry infection (Generalman) obstruction lever in the (Employed () milydone

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VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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RTH NO. 67	BALTIMORE CIT			6943
KITT 140.	6943 CERTIFICA	ATE OF DEATH	Registered No.	0040
NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
Bertie Bailey	(Bertha	Ju	ly 17, 1967	7:20 p.
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		ere deceased lived. If instit	ution; residence before admis
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location)	l or institution, give street on)		Baltimore C:	
)		Baltime	re	15-01
Bolton Hill Conv. & 1	Nursing Center	D. STREET ADDRESS	f rurol, give locotion) ood Avenue #	17
SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	0 400 0	If Under 1 Yr., If Under 24
2 2 2 2 2	WIDOWED, DIVORCED (specify)	1. 21. 00		Months Doys Hours M
Famale Colored A. USUAL OCCUPATION (Give kind of wor	Widowed	4 - 14 - 98	69 (country)	12, CITIZEN OF
ne during most of working life, even if retired)		. II. SIKITI EACE (SIGIE OF CO.	ergii coomiy)	WHAT COUNTRY?
RETIRED		Virginia,	Accomack Co	. U.S.
FATHERS NAME		14. MOTHER'S MAIDEN NA	AME	
TIME TO THE TOTAL		2/2 2022 2022	TTNN	
Wos Deceosed Ever in U. S. Armed Fo	pices? 16. SOCIAL	MARY KE	LLAM	ADDRESS
es, no or unknown) (If yes, give wor or dot	tes of service) SECURITY NO.			
No.		Bolton Hill Nu	rsing Center	1400 John St.
18.3332XI	CAUSE	OF DEATH	7	INTERVAL BETWEEN
DISEASE OR CONDITION DI	IRECTLY			
LEADING TO DEATH	(A)	CEREBLAL -	14Rom Bosis	
(This does not meon the mode of	dying, e.g., DUE TO	\$		
heart failure, osthenia, etc. II means				
ANTECEDENT CAUSE	DUE TO		******************************	
DISEASES OR CONDITIONS, if	ony, giving			
rise to the obove couse (A)	sloling the (C)			
rise to the obove couse (A) UNDERLYING CONDITION lost.	sloling the (C)	000000000000000000000000000000000000000		and
UNDERLYING CONDITION Iosi.	CONTRIBUTING ATED TO THE			
UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION		No) 208, IF YES, WERE FIN	DINGS CONSIDERED
UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS OF THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED			DINGS CONSIDERED
UNDERLYING CONDITION Iosi.	CONTRIBUTING .ATED TO THE IT. NOTION FOR WHICH OPERATION REFORMED 21 B. PLACE OF INJURY (e.g.,		No) 20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH? ity, give exact locohon)
UNDERLYING CONDITION Iosi. I	CONTRIBUTING .ATED TO THE IT. NDITION FOR WHICH OPERATION RFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C	ES OF DEATH?
UNDERLYING CONDITION Iost.	CONTRIBUTING ATED TO THE IT. NOTION FOR WHICH OPERATION RFORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While AI Not Wh	in or obout 21 C, WHERE DID office bldg., INJURY OCCUR?	No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSI (If in Boltimore C	ES OF DEATH?
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FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

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		5 MITH	JULY	18,1967		VAPM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If ins Y	titution: reside	ence before odmission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	Mary land	ide city limits, write R	URAL and air	ve township)
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-	38 University	HOSPITAI	D. STREET ADDRESS (If re	ARA-logA	54.	
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	heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	eose,	-			-> 111.
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	that (I) (we) last saw the deceased alive		- 1-7		ian death c	accurred an the date
	and haur and fram the causes stated abov					
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	23C. PHYSICIANS NAME (Type)		23D. ADDRESS		1	
	GARY NORMAN WI	LNER M.D.	UNIVERSITY	HOSPITA	2.	
24/	BURIAL CREMATION, 248. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, lown, or co	ounty) (Stote)
	BURIAL 7-22.67			butus,	M	ary land
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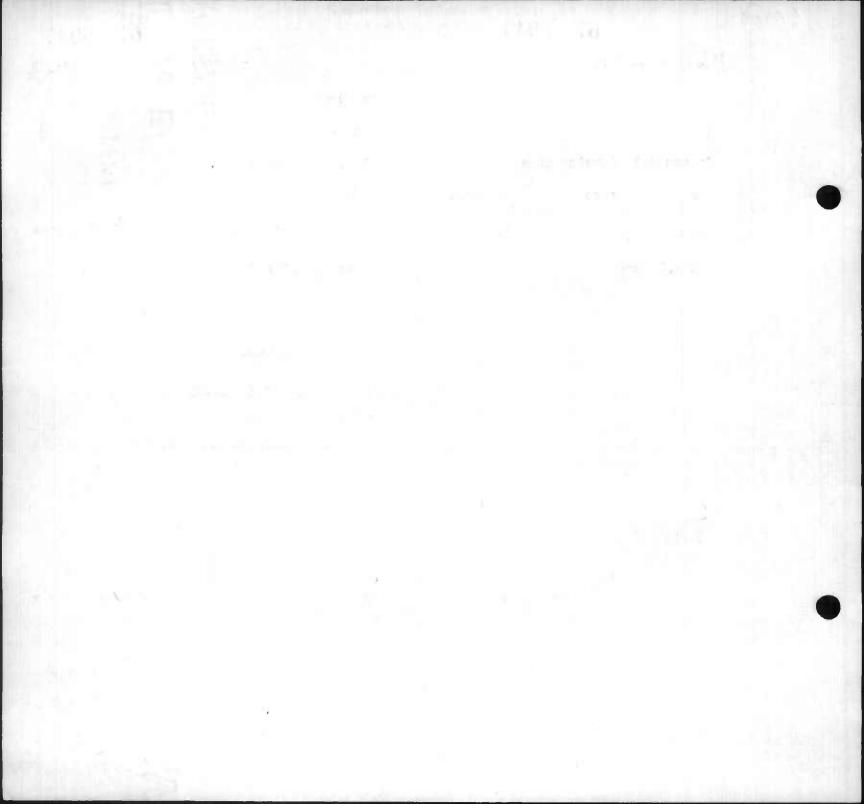
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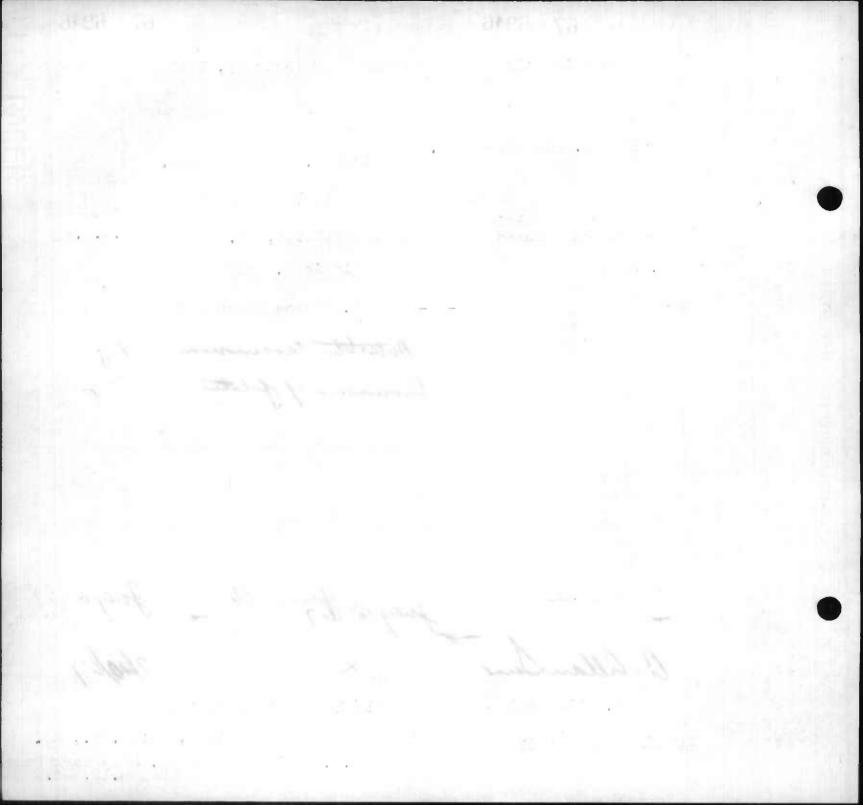
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BALTIMORE CITY HEALTH DEPARTMENT 6945 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 7/18/67 PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY A. STATE Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location C. CITY OR TOWN (If outside city limits, write RURAL ond Beltimore D. STREET ADDRESS (If rurol, give location) Bolton Hill Nursing Home 1303 N. Central Ave. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthdov Months Doys M Negro Widowed 67 IDA USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina ABOTER United States 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samual Eure Geneva Ballard 5. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH A y prostate with (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION tast. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME (Month) (Ooy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an Z and that in(my) (aur) opinion death occurred on the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Director 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION. CENATERY OF CREMATOR 24D. LOCATION REMOVAL ISPE VS 150-REV. 1/1/65

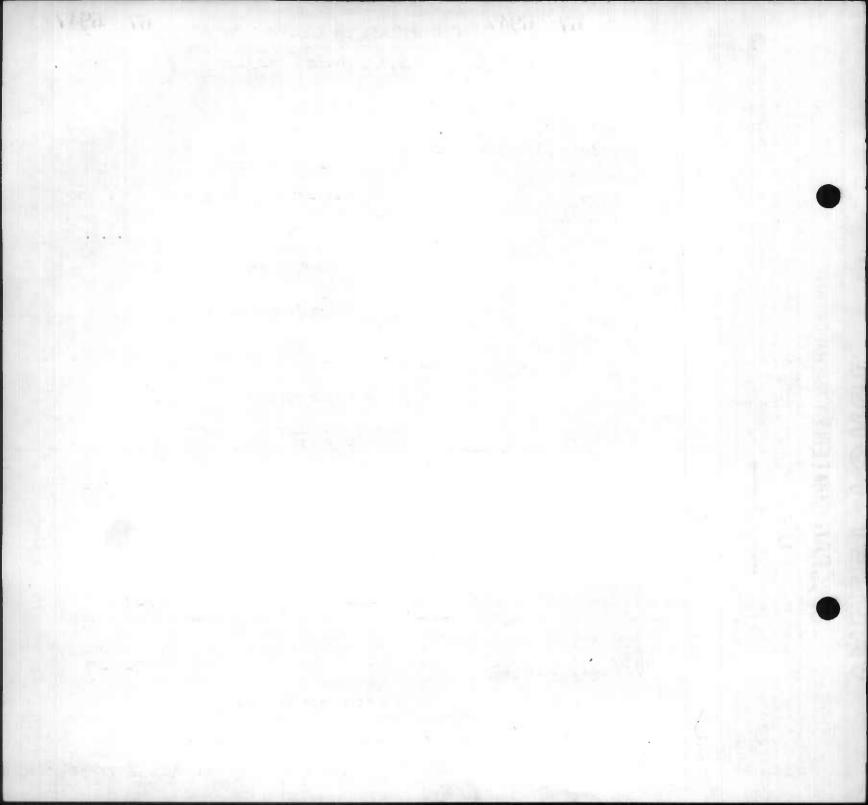


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	li exec	I=			1324 E. Bel	9. AGE (In years	
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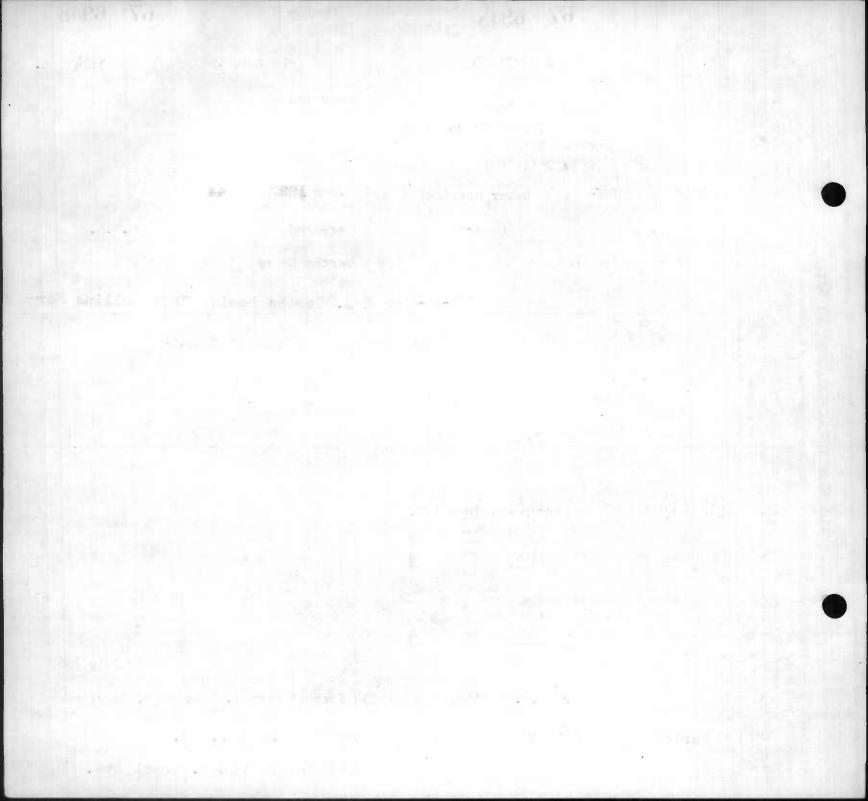
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		13502 67	694	7		TH DEPARTMENT	Registered Na.	67 694	7 4
1, N	AME OF DECK	ASED	7	0 1 1 0	2	D/ - / 2. DATE A	AND HOUR OF DEATH		
'	e or Print)	Baby of Rita	Neale) Rachel S			-15-67	5:20	M.
3. F	LACE OF DEM	TH IN BALTIMORE, MA	RYLAND		4. US	UAL RESIDENCE (WI	nere deceased lived. If i INTY	nstitution: residence before	odmission)
	ULL NAME OF			on, give street		aryland		100	6
	HOSPITAL OR	Provident H		al. Inc.	1	altimore	outside city limits, write	RURAL and give township	0)
	29	Baltimore.	-				If rural, give location)		
`	-1	Dare Tillor 6	rai y i	and Eleli		2812 Baker	Street		
5. S	EX	6. RACE		ED, NEVER MARRIED WED, DIVORCED (specify)		E OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Un Months: Days Hours	der 24 Hrs.
	Female	Negro				7-14-67	Newborn	1 10	
		PATION (Give kind of work orking life, even if relired)	108, KIND	OF BUSINESS OR INDUS	TRY 11. BIR	Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?	20.079
13.	FATHER'S NAM	E			14. M	OTHER'S MAIDEN N	AME	0.0011	
	Mr Jose	eph Neale				Rita Carbe	rry		
15. (Ye:	Wos Deceased	Ever in U. S. Armed For (If yes, give war ar date	ces? s of service	1 6. SOCIAL SECURITY NO.		ORMANT	•	ADDRESS	
					Mr 8	Mrs Josep	h Neale	Same	
	18.	4.31		CAUS	E OF DEA			INTERVAL BET	
		OR CONDITION DIR	RECTLY						
	(This does no	it mean the made of			ongeni	tal Heart	Disease		
		isthenia, etc. 11 means dication which coused							
	A	NTECEDENT CAUSES		(B) I	arge i	nteratrial	septal defe	ct	
		R CONDITIONS, if		ing					
		condition last.	slaling	the (C) A	Septal	ted intervi defect	entricular		
_		11							
ATION		ATH BUT NOT RELA							
CAI		OPERATION 198, CON		OR WHICH OPERATION	120 /	AUTOPSY? (Yes at	No. 208. IF YES. WERE	FINDINGS CONSIDERED	
ERTIFIC	2,	WAS PERI				Yes		AUSES OF DEATH?	
CAL CE	OR CONTRIBUT	T WAS UNDERLYING THANG CAUSE OF	·	21B. PLACE OF INJURY (e. home, form, foctory, stree etc.)	g, in or abo	ut 21 C. WHERE DID	(If in Baltima	re City, give exact locatio	n)
EDI	21 D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21 E. INJURY OCCURRED		21 F. HOW DID IN	NJURY OCCUR?		
2	(APPROX)			While AI Not Y	While				
	22. I certify t	that (1) (this hospital) attende	d the deceased fram	7-14	-67		7-15-67	19
				7-15-67				inian death accurred a	
	and haur and	fram the causes stat	ed abave	. (I) (We) (did) (did na					
	23A. SIGNATUR	IE O		0				23B. DATE SIGNED	
	1	randsh	6Co	M.D.	Attending Phys.	Med. Director	Staff Phys.	7-17-67	
	23C. PHYSICIAN NAME (Ty	rs Mercado		7	23D. AD				
						4 Division			
24A	REMOVAL (Sp	gecify)	-	NAME of CEMETERY OF	- 1			City, town, or county)	(State)
200	Burial	7/19/6		Balto. Net.	Too		30/to.M		
25 A	J DATE REC'D	UL 20 1967	Poleu	of REGISTRAN	250	V/M. C.	Merch 9.	28E, North	LAK
VS	150-REV. 1/1/65	5		1					



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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	

AL CASI NO. NAME OF DECASED FRANK BOWIE Jr. - ACCE OF DEATH IN TAXIMOSE MARTIAND FULL NAME OF OLD AND IN TAXIMOSE MARTIAND SEE S. EACE N. ART AND IN TAXIMOSE MARTIAND Name of DECASED N. ART AND IN TAXIMOSE MARTIAND SEE N. EACE N. ART AND IN TAXIMOSE MARTIAND No. SUMAL OCCURRANT OLD AND IN TAXIMOSE MARTIAND No. STREET ADDRESS Ill most year become of the street of the state of	.E. CASE NO. NAME OF DECEASED Print FRANK	۸		0- 0- 1- 1	Registered No.	67 6948
FRANK BONTE Jr. A ACT OF DEATH IN BALTIMORE, MARTLAND FULL NAME OF CHOST of Institution, give above the CHOST of Institution	ype or Print) FRANK		CERTIFICA			
FULL NAME OF MOSTIFIA DOS MARY LOSS TREET STREET STREET BALTIMORE, MARY LOSS STREET ADDRESS OF CONDITION DIRECTLY LEADING TO DEATH CAUSES OF CONDITION CAUSES OF CONTRIBUTING MARY LOSS OF CONTRIBUTING MARY CONTRIBUTING MARY ADDRESS OF CONTRIBUTING CONTRIBUTING MARY ADDRESS OF CONTRIBUTING MARY ADDRESS OF CONTRIBUTING CONTRIBUTION CONT		BOWIE :	Tr.			
Male Negro Negro Negro Negro Newer Married New	FULL NAME OF HOSPITAL OR Oddross or location Maryland Peni	itentiar Street		A. STATE B. COU Maryland C. CITY OR TOWN (IF o. Baltimore D. STREET ADDRESS (II	NTY utside city limits, write	RURAL and give township)
A USUAL OCCUPATION [Give wind diveral [olic RIND OF BUSINESS OR INDUSTRY 1]. BIRTHPLACE USER or Incomplete and everling like, were if retired) General 4. Maryland 4. Maryland 4. Mothers MAIDEN NAME Frank Bewie Sr. 5. Was Deceased Ever in U. S. Armod Forest? 5. Was Deceased Ever in U. S. Armod Forest? 6. SOCIAL SECURITY NO. 215-16-6148 Mrs. Bertha Casey Bertha Casey Security No. 215-16-6148 Mrs. Bertha Bowie 2504 Hollins Ferm ONSE AND DEESS Mrs. Bertha Bowie 2504 Hollins Ferm ONSE AND DEESS INTERPLACE USER OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart follow; oshemo; etc.) It means the disease, injury of complication which coased death.] ANTECEDENT CAUSES DISEASE OR CONDITIONS, if only, giving itse lot the obove couse (A) sloting the UNDERLYING CONDITION lost. VOID THE SEASON OF ORDITION SEASON OF CONTREVITING THE DEATH OF T		7. MARRIED,		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 H
OA USIAL OCCUPATION (Give kind of weak) (Da. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (side or foreign country) Laborer Jethers Name Frank Bowie Sr. Swas Deceased Kive in U. S. Amed Forest? Swas Deceased Kive in U. S. Amed Forest Kive In U. S. Amed Forest Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. Amed Forest Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. Amed Forest Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. Amed Forest Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. A. Span Hill Swas Deceased Kive In U. S. A. Span H	Male Negro			22 June 1923	lost birthday)	Months Doys Hours Min.
Bertha Casey S. Was Datessed Ever in U. S. Amod Farces? S. Was Datessed Ever in U. S. Amod Farces? SECURIT NO. 215-16-6148 Mrs. Bertha Bowie 2504 Hollins Fers CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hour for complication which caused death.) ANTECEDENT CAUSES DISEASE OR CONDITION S. if only, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lost. ANTECEDENT CAUSES DISEASES OR CONDITION S. if only, giving rise to the above cause (A) stelling the UNDERLYING CONDITION lost. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LOST. III OTHER SIGNIFICANT CONDITION S. ONTRIBUTING TO THE DISEASE OR CONDITION ALL STORY TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSES DISEASE OR CONDITION ALL STORY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION ALL STORY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION ALL STORY THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING THE SIGNIFICANT OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING THE SIGNIFICANT OR CONDITION CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING THE SIGNIFICANT OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING THE SIGNIFICANT OR CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING THE SIGNIFICANT OR COURT OR THE SIGNIFICANT OR COURT	Laborer	10B, KIND OF	BUSINESS OR INDUSTRY	Mary1 and		WHAT COUNTRY?
No						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart folius, estheric, etc. It means the disease, injury or complication which coused deeth.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if ony, giving rise to the above couse (A) sloting the UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH B	os, no or unknown) (II yes, give wer or detes	es? of service)	SECURITY NO.		Bowie 25	
DISEASES OR CONDITIONS, if only, giving isse to the obove couse (A) sloting the UNDERLYING CONDITION lost. I	DISEASE OR CONDITION DIRECTION DISEASE OR CONDITION DIRECTION OF THE DIRECTION DISEASE OF THE DISEASE OF THE DIRECTION OF THE	dying, e.g., the diseose,		The state of the s	r of Brain	ONCET AND DEATH
198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED N CERTIFFING CAUSES OF DEATH? 198. CONDITION 198	DISEASES OR CONDITIONS, if orise to the obove couse (A) UNDERLYING CONDITION tost.	sloting the	(C)	Seft Lai	ig 0	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout home, locitory, street, office bidg, in or obout his part of the course	19A. DATE OF OPERATION 19B. CONE	OTTON FOR W		20A. AUTOPSY? (Yes or N	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
21D. TIME (Month) (Doy) (Yoor) (Hour) 21E. INJURY OCCURRED While At Work 1 Not While At Work 22. I certify that (I) (this hospital) ottended the deceased from 19 ond that in (my) (our) aplnion death accurred on the cand hour and from the causes stated above 11) (We) (did) (did nat) view the body ofter death. 23A. SUNNATURE Atlanding Med. Stall Director Phys. 19 July 1967 23C. HYSICIAN'S NAME (Type) Henry N.D. Holljes M.D. 954 Forrest Street, Baltimore, Maryland AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY REMOVAL (Specify) Burial 7/22/67 Mt Auburn Cometery Balto., Md. SSA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR ADDRESS	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B, home	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(11 in Boltimo	ro City, give exact locotion)
thot (I) (we) lost saw the deceased clive on	21D. TIME (Month) (Doy) (Your) OF INJURY	Whit	e At Not While		JURY OCCUR?	
Altending M.D. Attending Med. Director Phys. 19 July 1967 23C. HYSICIAN'S Henry M.D. Holljes M.D. 954 Forrest Street, Baltimore, Maryland 4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 7/22/67 Mt Auburn Cometery Balto., Md. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR ADDRESS	that (I) (we) lost saw the deceased and hour and from the couses state	d olive on	3/18	/	hot in (my) (our) ap	Inion death accurred on the de
Burial 7/22/67 Mt Auburn Cometery Balto., Md. SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR ADDRESS	Alumila sed	Yes	Phys	23D. ADDRESS	Phys.	
SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	(NAME (Type) Henry					
	Henry IA. BURIAL CREMATION, 24B. DATE REMOVAL (Spocify)	24C. N A		MATORY 24D.	LOCATION (C	



BIRTH NO. 67	COAO	Y HEALTH DEPARTMENT	67 6949
M.E. CASE NO.		2. DATE AND HOUR	
(Type or Print) HUGHES,	ALDIA V.	July 1	8 1967 1 8 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital ar institution, give street oddress or location) INSTITUTION		4. USUAL RESIDENCE (Where decease A. STATE B. COUNTY MARYLAND	d lived. If institution: residence before admission
		C, CITY OR TOWN (If autside city limits, write RURAL and give township)	
		BALTIMORE	
3 THE JOHNS HOE	KINS HOSPITAL	D. STREET ADDRESS (If rural, give	location)
	William Indon	1115 GREENMOUNT	Ave
5. SEX 6. RACE 7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I	
	MARRIED	3-04-14 last birthd 53	
10A. USUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
dane during mast af warking life, even if retired)			WHAT COUNTRY
Domestic		Texas, Maryland 14. MOTHER'S MAIDEN NAME	
SAMUEL DORSEY		CARRIE RAINBO	W
15. Was Deceased Ever in U. S. Armed Forces?	1 6, SOCIAL	17. INFORMANT	ADDRESS
(Yes, na arunknawn) (If yes, give war ar dates af	service) SECURITY NO.	1000	7.7.7.
			1115 Greenmount Ave.
18. 3 3 / X I		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECT	rLY P	la maria la la la ci	12 1
LEADING TO DEATH	(A) (-EL	envouscesar acció	new
(This does not mean the mode of dyi heart failure, asthenia, etc. It means the	ng, e.g., DUE TO	ehvouscular Accio	
injury or complication which coused dec	oth.)	to	
ANTECEDENT CAUSES	(B) /TC	perare	
	001 10 /	<i>y</i>	
DISEASES OR CONDITIONS, it any, rise to the above couse (A) sta			
UNDERLYING CONDITION last.	(0)		
11			
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING		
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
	ON FOR WHICH OPERATION	[20A, AUTOPSY? (Yes or No)] 20B. #F	YES, WERE FINDINGS CONSIDERED
198. CONDITION WAS PERFORM		NO IN CER	TIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	210 81 4 05 05 1111107	is as about 21 C. WHERE DIE	16 : 0 - 16 :
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	office bldg., INJURY OCCUR?	If in Saltimare City, give exact location)
D 21D. TIME (Month) (Day) (Year) (H	lour 21 E INJURY OCCURRED	21F, HOW DID INJURY OCC	CUR?
S OF INJURY	While At Nat Whi		
(APPROX)	Wark At Work		0 0
22. I certify that (1) (this haspital) at	tended the deceased from	July 13 1967	to July 18 1967
	(), (, 65		
that (1) (we) last saw the deceased a			(aur) opinion death occurred an the de
ond haur and from the couses stated	above. (H) (We) (did) (did not)	view the bady ofter death.	
23A. SIGNATURE	1 +		23B. DATE SIGNED
John To Hal	LENTY M.D. At	Med. Staff Director Phys.	7/18/67
23 C. PHYSICIAN'S	1	23D. ADDRESS	1,0/0/
NAME (Type)	V		
JOHN T. FLA	HERTY M.D.	THE JOHNS HOPK	INS HOBPITAL
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR		
REMOVAL (Specify)	A-2-1 20	2	
Burial 7/24/67	Arbutus Mem.		
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JUL 2 0 1967 (d)	Rub E. tarboutha	Wm C March 92	8 E. North Ave.
VS 150-REV. 1/1/65			

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10				BALTIMORE CITY	HEALTH DEPARTMENT		0000
	H NO.	67	6953	CERTIFICA	TE OF DEATH	Registered No	67 6951
1. N	AME OF DECEAS	JOHN W				NO HOUR OF DEATH	525 pm
3. F	LACE OF DEATH	IN BALTIMORE, MAI	-		4. USUAL RESIDENCE (WH	ere deceased lived. If ins	stitution: residence before admission)
F	FULL NAME OF HOSPITAL OR NSTITUTION	(If not in hospital a	or institution,	give street	MARYLAND, B	ALTIMORE	Balto C,
7	NSIITOTION				BALTIMORE		53-00
0	THE JOH	NS HOPKIN	s Hose	PITAL	D. STREET ADDRESS (IF	rural, give location)	E
	TALE !	ACE VHITE	MAF	NEVER MARRIED D, DIVORCED (specify) RRIED	6. DATE OF BIRTH 5-31-10	9. AGE (In years lost binbdoy)	If Under 1 Yr. It Under 24 Hrs. Months Doys Hours Min.
		NON (Give kind of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12, CITIZEN OF WHAT COUNTRY?
13.	Superviser		Si	ceel	Baltimore Ma	ryland	U.S.A.
	ROBERT	RAY			AGNES WEN	IKER	
15. Yes	Was Deceased Eve	r in U. S. Armed Foreyes, give wor or date:	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	/ 1		213-07-7943 CAUSE O	Mrs. Mabel Ray	1031 Donnin	gton Cir. 21204 INTERVAL BETWEEN ONSET AND DEATH
		R CONDITION DIR	ECTLY	RD	AlCHO GEWIC	CANCINE	
	(This does not a	mean the made of senia, etc. 11 means otion which coused	the disease,	DUE TO	OF THE CU	NC	
		ECEDENT CAUSES		(B)		-000 ^00 d 00 00 m m n n 000 00 m n n n m n n m m n n m o g g g g g	······································
		CONDITIONS, if a bave couse (A)		(C)			
		II					
ATION	TO THE DEAT	ANT CONDITIONS CONTINUES OF THE BUT NOT RELANDITION CAUSING I	TED TO TH	G E			
ERTIFIC	19A. DATE OF OP	ERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CONSIDERED
CALC	21 A. ACCIDENT V OR CONTRIBUTIN DEATH (notify med			e, form, foctory, street, o	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact lacotion)
MEDI	21 D. TIME (M OF INJURY (APPROX.)	onth) (Doy) (Year)		INJURY OCCURRED ile At Not While At Work	21F. HOW DID IN	JURY OCCUR?	
		t (t) (this hospital		he deceased from 19	July 16	19 6) to Jan opin	ion death occurred on the dote
	ond hour and fre	om the causes stat	ed above. (Y (We) (did) (did not) v	iew the bady ofter death.		
	23A. SIGNATURE	In T. 70	ahert	M.D. Atte	ending Med. Director	Stott Phys.	23B DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	lour T	E	,	23D. ADDRESS TIME JOHNS	HODY INC. U	OSPITAL
24A	BURIAL CREMAT	ION, 24B. DATE	ELAHE 24C.N.	AME of CEMETERY OF CR			y, town, or county) (State)
	Burial	7/21/67	Bell	L-Air Memormal		7 4 2 34 7	
25A	. DATE REC'D BY		258. NAME (OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	FUL	A ISON APPE	tern my	7	Wm. Cook-Broc	ks Towson 10	50 York Rd. 21204

THE FILE, CAR STORY

Talent Trees and the Property of the Control of the

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COUNTY OF THE WORLD STREET THE WORLD STREET THE

FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approved must be obtained before the remains are embalmed or final disposition is made.

	1 NO. 67	695	16	TE OF DEATH	Registered N	67 6952
1. NA	CASE NO. AME OF DECEASED or Print) Marion	F. Bush	(Tom B. Pat	ton) 2. DATE ANI	HOUR OF DEA	TH 5 1250
3. PL		TON		14		967 5 3 P
FL H	JLL NAME OF (If not in hospital OSPITAL OR oddress or location	or institution,)		C. CITY OR TOWN (If outs D. STREET ADDRESS (If or	Y Maryla ide city limits, wi	nd 2-0'3 te RURAL ond give township)
9	CHURCH HOM	1C AN	D Hosp.	1908 AL	-ICEAN,	NA ST
5. SE	EX 6. RACE WHITE USUAL OCCUPATION (Give kind of work	Di voi	NEVER MARRIED D, DIVORCED (specify) COO F BUSINESS OR INDUSTRY	April 13, 1897	AGE (In years	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.
	during most of working lile, even if retired) Retired Seaman			Sunfish, Kentu	clcv	WHAT COUNTRY?
	ATHERS NAME			14. MOTHER'S MAIDEN NAM		00 374
	Unknown			Martha		
15, W (Yes,	(as Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or dote	ces? s of service)	SECURITY NO.	17. INFORMANT	-	ADDRESS
Y	es 11-1-16 10-	30-20	091-14-0124	Mrs Norma Hick	s 2002	Fountain Street
1	B. 81 0 , 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY		0:		
	(This does not mean the mode of	dying, e.g.,	(A)	PULMONAN	1 coper	12 days
- 1	heart foilure, asthenia, etc. It means injury or complication which caused	the disease,				
	ANTECEDENT CAUSES	deam./	(B) A	MATERIOSCUPIOTI	¿ INTERNI	DIESSE MENES
			DUE TO			
	DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION lost.		(C)			
\succeq	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO TH				
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		RE FINDINGS CONSIDERED CAUSES OF DEATH?
30	21 A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notily medical examines)	218 hon etc.	ne, lorm, foctory, street, o	n or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltin	nore City, give exoct locotion)
2	21D. TIME (Month) (Doy) (Year) DF INJURY (APPROX.)		INJURY OCCURRED Not While At Work	21 F. HOW DID INJU	RY OCCUR?	
t	22. I certify that (I) (this hospital that (I) (we) last saw the decease and hour and from the causes stat	d alive on	7/18	19 62 and the		7 / S 19 6 7 opinian death occurred on the da
2	3A. SIGNATURE Experience	-	ars agan Alte Phy	ending Med. S. Director	Stoff Phys.	July 8, 196
	NAME (Type) EPHR 4) M	BA	12 AV6 44 M.D.		RIH H	100-2
24A.	BURIAL CREMATION, 24B. DATE REMOVAL (Specily)		AME of CEMETERY of CRI	EMATORY 24D. LO	CATION	(City, town, or county) (State)
	urial 7-20-190		altimore Natio	onal Balt	imore, Ma	ryland
	JUL 20 1967	Robert	E. Sanbay MA	Lilly & Zeiler	Inc. 19	01-07 Eastern Ave.
VS 15	50-REV. 1/1/6\$					

Lebest monds

Such

a hospital and

	67	695	BALTIMORE CITY	HEALTH DEPARTMENT		67 6953
BIRTH NO. M.E. CASE NO.			CERTIFICA	TE OF DEATH	Registered No	
Type or Print)	EASED Anton	iette F	una INA	2. DATE AL	7-19-	67 30
PLACE OF DEA	ATH IN BALTIMORE, MA	RYLAND	,,,,	4. USUAL RESIDENCE (Whe	ere deceased lived. If	institution: residence before admission
FULL NAME O	F (If not in hospital	or institution.	give street	Maryland		5-02
HOSPITAL OR	oddress or tocotio		g. vo	C. CITY OR TOWN (If ou	tside city limits, write	e RURAL and give township)
22	MERT	CU		Baltimore		
3/	///-//				rurol, give location)	
					eter Street	
5. SEX	6. RACE		D, NEVER MARRIED D, DIVORCED (specify)	May 18, 1894	9. AGE (In years lost birthday)	Months Doys If Under 24 H
	UPATION (Give kind of work working lile, even if retired)	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
	d Seamstrass			Italy		U. S. A.
3. FATHER'S NAM	ME	1		14. MOTHER'S MAIDEN NA	ME	
	Peter Monac	0		Columbina		
5. Wos Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	(II yes, give wor or dote	es of service)	218-03-7578	Mrs. Frances	Freder 310	8 Glenmore Avs.
18. / /	0 7 134 3	2 2 6	CAUSE O		rader Jro	INTERVAL BETWEEN
heart failure, injury ar cam DISEASES Crise to the	nal mean the made of asthenio, etc. It meons application which caused ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A) G CONDITION lost.	s the diseased death.) Sany, giving	(B) ASC	white Istando	W. O	
TO THE D	IFICANT CONDITIONS (EATH BUT NOT RELA CONDITION CAUSING	ATED TO TI	HE	120.4	N con in vo	
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	ZUA. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED
OR CONTRIBL	NT WAS UNDERLYING DAUSE OF medical examiner	21 hor	me, form, foctory, street, of	n or about 21C. WHERE DID lifice bldg., INJURY OCCUR?	(II in Baltim	ore City, give exact location)
21D. TIME	(Month) (Doy) (Year)	(Hour) 211	E. INJURY OCCURRED	21F, HOW DID IN	JURY OCCUR?	
OF INJURY		w	hile At Not Whil			
			ork At Work		17	1
	that (1) this hospita			. 10	19 5 to	John 1967
that (1) (we)	last saw the decease	ed alive an.		19 and th	hat in (my), (aur) a	pinion death accurred an the d
		ited abave.	(I) (We) (did) (did not) v	iew the bady after death.		
23A. SIGNATU	Re Black		M.D. Atte	ending Med.	Stoff Phys.	23B. DATE SIGNED
23C.PHYSICIA NAME (T	voel A /	rLSH	M.D.	715 N. C	HARLES	
24A. BURIAL CRE	MATION, 24B. DATE	24C. N	AME of CEMETERY OF CRE	EMATORY 24D. I	LOCATION	(City, town, or county) (State)
HELLING A WE !						1
Burial	7-22-19	967 H	oly Redeemer	Re	ltimore, Ma	rvland

JUL 20 1967 VS 150-REV. 1/1/65

Lilly & Zeiler Inc.

1901-07 Eastern Ave.

AE WALSH fill on Venil (1406) and 10

E-240

		67 6	954		BALTIMORE CITY HEA	ALTH DEPAR	TMENT		67	6	2054
RIRT	H NO.	01 0	MEDI	CALE	XAMINER'S	FRTIFI	CATEO	F DFATH Re	gistered No	,	5954
	CASE NO.		111601	C, (L L)			J. 11	~			
1. 1	NAME OF DE	CEASED					2. DATE	AND HOUR PRONO	UNCED DEAD		
(Typ	e or Print)		CHAF	RLES L	. EZZELL			June 30, 1	967	6.	40 P.M.
3. P	LACE IN BAL	TIMORE MARY			UN CED DEAD	4. USUAL	RESIDENCE (W	here deceased lived.	f institution: resi		
						A. STATE	Virg:	В.	COUNTY		
	L NAME OF		N HOSPITA		UTION, GIVE STREET	C. CITY C		utsida carparate limits,	write RURAL o	nd givo	tawnship)
	TITUTION	A D O NE 33	OK 2001				Hammi	t-a-n	- 1/		13
						D. STREET	Hampi	rural, give lacation)		1	
	00	2416 Ea	st Nor	cth Ave	nue	DI SINEEL					
5. S	EV	6. RACE		7 AAADDIED	, NEVER MARRIED	B. DATE O		iers Home	ears If IInda	, 1 Yr	If Under 24 Hrs.
5. 3	EA	o. RACE			DIVORCED (specify)			last birthday!	Manths	Doys	Hours Min.
	Male	Whit					27-11	56			
t0A	USUAL OCC	UPATION (Give	kind of work	10B. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHP	LACE (State or	foreign country)	12. CITIZ WHA	EN OF	INTRY?
0011	carpen	ter lile, ever	11 11 10111007				North	Carolina	Ţ	JSA	
13.1	FATHER'S NAM	ΛE	0			14. MOTH	R'S MAIDEN N	IAME 7			
	Ran	som Ezze	111				Elizab	eth Taylor			
		ED EVER IN U.			16. SO CIAL	17. INFORA			ADDRES	S	
(Yas	, na ar unknawr	(If yes, give	war ar date:	s of servico)	SECURITY NO.	Tynd	all fune	eral home	fount 01	ive	N.C.
		1 7 1 7 1									
	1B. 79	5,5				SE OF DEAT				ONSE	T AND DEATH
	DISEA	SE OR CONE	ITON DI	RECTLY				etermined d	ue to po	st n	ortem
	(This does	LEADING T			(A) deci	omposit	ion				
	heart failure	, asthenia, etc.	tt means	the disease,	00110						
		ANTECEDENT			(B)			000000000000000000000000000000000000000			
	RISE TO TH	OR CONDITI	USE (A) ST		DUE TO						
_	UNDERLYI	NG CONDITION	ON LAST.		(C)						
CERTIFICATION					10//						
AT	OTHER SIG	II SNIFICANT CO	NDITIONS	CONTRIBUT	ING						
윤	TO THE	DEATH BUT	NOT REL	ATED TO							
RT		R CONDITION			WHICH OPERATION	20A. AL	ITOPSY? (Yes or	No. 208. IF YES, WE	RE FINDINGS	ONSID	ERED
	2.		WAS PERI					IN CERTIFYING			
AL	21 A. EXTERNA	L CAUSE WA	S	21 B.	PLACE OF INJURY (e.g		Yes 21C. WHERE D	Yes ID (If in Boltimore C	ity, give exact I	acation)	
EDICAL		OR CONTRIB		ham etc.	e, form, factory, street,	office bldg.,	INJURY OCCUI	R?			
MEC								hillian Caalina			
	OF INJURY	(Month) (D	ay) (Year) (Haur)	21 E. INJURY OCCURRED		21F, HOW DID	INJURY OCCUR?			
	(APPROX.)			m.		WORK					
	22.	rtify that I he	old on li	nauiry	Inspection A	utopsyX	and that a	n this bosis, deoth	in my opinio	on	
								Undetermined	F787		
	rosu	Ited from: N	Oturol cou	nsea	Accident Suic		lomicide		nonner VI		
	ACTUA	. / 1/	/ //		1.			EXAMINER		DA	TE SIGNED
	SIGNAT		lans	V. C	TAL M.			L EXAMINER .			
	EXAMI:	(Type)	larles	S. Spr	ingate, M.D.		TE MEDICA	L EXAMINER			, 1967
	BURIAL CRI		B. DATE	2	3C. NAME OF CEMETER	or CREMAT	ORY 23	D. LOCATION	(City, town, or		
NE/	remov.	al	7/19/	67				Mount Oliv	re , Nort	th C	arolina

24C, FUNERAL DIRECTOR

1217 St. Paul St.

Wm. Cook-Brooks Inc. Balto., Md. 21202

24A. DATE REC'D BY HEALTH DEPT.

JUL 20 1967 Registrar

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if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased

Also,

examiner.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

the body was released to the hospital by a medical

	oe or Print)	Ste:	iger, Jose	ph Alphonsus	July	7. 16. 1967		5:40
3. P	PLACE OF DEA	TH IN BALTI	MORE, MARYLAND		4. USUAL RESIDENCE (7. 16. 1967 Where deceased lived. If i	nstitution: residence b	efore odmis
F	FULL NAME O	F (If not	in hospitol or institu	ition, give street	Maryland			
	HOSPITAL OR	oddress	s or location)			f outside city limits, write	RURAL ond give low	nship)
			ch Raven B	ration Hospital	Baltimore D. STREET ADDRESS	(If rurol, give location)	2	0-0
0			re, Maryla					
5, 5		6. RACE		RIED, NEVER MARRIED	B. DATE OF BIRTH	ederick Rd.	If Under 1 Yr.	If Under 24
	Male	White	WID	OWED, DIVORCED (specify) Married ID OF BUSINESS OR INDUSTRY	1/26/95	lost birthdoy) 72	Months Doys H	lours Mi
done	e during most of v	working life, eve		ID OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COUN	
	artender			Unknown	Maryland		United	States
	FATHERS NAM				14. MOTHER'S MAIDEN	NAME		
	Carrol S		25 25		Apollenia			
(Yes	Was Deceased s, no or unknown Yes	(II yes, give	Armed Forces? wor or dates of sen 14-12/26/10	16. SOCIAL SECURITY NO. 218-05-28-35		rans Hospital		S
	18.	/ 1		CAUSE O			INTERVAL	BETWEEN ND DEATH
			THON DIRECTLY					
		LEADING TO	made of dying,	e.g., DUE TO	NCHOGENIC CAR	CINOMA	6 Mo	nths
	heart lailure,	osthenia, etc	. Il means the dis					
	. ,		ch caused death.)					
		ANTECEDENI	CALISES	(R)				
		ANTECEDENT			**************************************			
	DISEASES C	R CONDITI	ONS, il any, g ouse (A) slating	iving				
	DISEASES C	R CONDITI	ONS, il any, g ouse (A) slating	iving				
VIION	DISEASES OF THE UNDERLYING	OR CONDITION OF CO	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO	Ihe (C)				
FICATION	DISEASES OF THE CONTRACT OF T	OR CONDITION OF CO	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 1198. CONDITION	UTING THE FOR WHICH OPERATION		r No) 208. IF YES, WERE	FINDINGS CONSIDE	ERED
ERTIFIC	DISEASES OF SISSES OF SISS	OR CONDITION OR GONDITION FICANT CONDITION EATH BUT CONDITION OPERATION	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT.	UTING O THE	20 A. AUTOPSY? (Yes o	T No) 208. IF YES, WERE IN CERTIFYING CA		ERED
L CERTIFIC	DISEASES OF THE CONTRACT OF T	OR CONDITION OBOVE CO CONDITION FICANT CON EATH BUT CONDITION OPERATION OTHER TWAS UND	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED	UTING THE FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	T No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE	
CAL CERTIFIC	DISEASES CONTROL OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF	OR CONDITION OBOVE CO CONDITION FICANT CON EATH BUT CONDITION OPERATION OTHER TWAS UND	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED DERLYING 55 SE OF	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20 A. AUTOPSY? (Yes on the control of the control o	T No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDE AUSES OF DEATH?	
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MEDICAL CERTIFIC	DISEASES CONSENSE IN THE SIGNITO THE DIDISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	PR CONDITION ODERATION TWAS UND TING CAU (Month) (De	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED DERLYING SE OF niner) oy) (Year) (Hour) s hospital) attents	UTING OTHE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED While At Not While Work ded the deceosed from	20 A. AUTOPSY? (Yes of NO.) n or obout 21 C. WHERE DI ffice bidg., INJURY OCCU 21 F. HOW DID	O (If in Boltimo	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exact to	rection)
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MEDICAL CERTIFIC	DISEASES OF STATE OF THE DISEASE OF	PR CONDITION A above composition of the condition of the	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED VERLYING SE OF siner) by) (Year) (Hour) s hospital) attended deceased olive	UTING OTHE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED While At Not While Work ded the deceosed from	20 A. AUTOPSY? (Yes on NO. n or obout 21 C. WHERE DI INJURY OCCU	INJURY OCCUR?	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exact to	19 67 ed on the
MEDICAL CERTIFIC	DISEASES OF SISE OF THE DISEASE OF T	PR CONDITION A above composition of the condition of the	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED VERLYING SE OF siner) by) (Year) (Hour) s hospital) attended deceased olive	UTING O THE FOR WHICH OPERATION 218 PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E INJURY OCCURRED While At Not While Work ded the deceosed from July on July 16, ve. (2) (We) (did) (fig. 14)	20 A. AUTOPSY? (Yes of NO) n or obout 21 C. WHERE DI ffice bidg, INJURY OCCU 21 F. HOW DID 19 67 an view the body ofter dece	INJURY OCCUR? 1967 to July d that in (not) (our) op	FINDINGS CONSIDERALISES OF DEATH? THE City, give exact low inion death occurry 238. DATE SIGNED	1967.
MEDICAL CERTIFIC	OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (noilfy 21D. TIME OF INJURY (APPROX.) 22. I certify that (**(we) and hour one 23A. SIGNATU	OR CONDITION OBSTANCE OPERATION OPERATION OPERATION OPERATION OPERATION (Month) (Delta) that (1) (this) last sow the from the co	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED VERLYING SE OF siner) by) (Year) (Hour) s hospital) attended deceased olive	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED While At Not While Work ded the deceosed from July 16, ve. (1) (We) (did) (fif for) M.D. All. Phy	20 A. AUTOPSY? (Yes of NO nor obout 21 C. WHERE DI INJURY OCCU. 21 F. HOW DID 19 67 an or obout 21 C. WHERE DI INJURY OCCU.	INJURY OCCUR? 1967	FINDINGS CONSIDE AUSES OF DEATH? THE City, give exact to	19 67 ed on the
MEDICAL CERTIFIC	DISEASES OF SISE OF THE DISEASE OF T	PR CONDITION A obove composition of the condition of the	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED DERLYING (Hour) Shospital) attended deceased alive auses stated about the causes stated about the control of the causes stated about the cause of the causes stated about the cause of the cause of the causes stated about the cause of the c	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED While At Not While Work ded the deceosed from July 16, ve. (1) (We) (did) (fif for) M.D. All. Phy	20 A. AUTOPSY? (Yes of NO nor obout 21 C. WHERE DI INJURY OCCU! 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 27 F. HOW DID 28 F. HOW DID 28 F. HOW DID 29 F. HOW DID 20 F. HOW DID 20 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 27 F. HOW DID 28 F. HOW DID 29 F. HOW DID 20 F. HOW DID 20 F. HOW DID 21 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 27 F. HOW DID 28 F. HOW DID 28 F. HOW DID 29 F. HOW DID 20 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 27 F. HOW DID 27 F. HOW DID 28 F. HOW DID 28 F. HOW DID 28 F. HOW DID 28 F. HOW DID 29 F. HOW DID 20 F. HOW DID 21 F. HOW DID 22 F. HOW DID 23 F. HOW DID 24 F. HOW DID 25 F. HOW DID 26 F. HOW DID 27 F. HOW DID 28 F. HOW DID 28 F. HOW DID 28 F. HOW DID 29 F. HOW DID 20 F. HOW DID 2	INJURY OCCUR? 1967 to July d that in (1962) (our) op oth.	FINDINGS CONSIDERALISES OF DEATH? THE City, give exact to provide the control of	1967.
MEDICAL CERTIFIC	DISEASES OF SISE TO THE DISEASE OR CONTRIBUTED THE TO THE DISEASE OF THE DEATH (notify 121D. TIME OF INJURY (APPROX.) 22. I certify that (14 (we) and hour one 23A. SIGNATU 23C. PHYSICIA NAME (T.)	PR CONDITION A above composition of the compositio	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED DERLYING (Hour) SERLYING (Hour) Service (Hour) Service (Hour) Service (Hour) Service (Hour)	UTING O THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 218. INJURY OCCURRED While At Not Whill Nork ded the deceosed from July 16, ve. (We) (did) (fiffit) M.D. Att. Phy	20 A. AUTOPSY? (Yes on NO. n. or obout 21 C. WHERE DI ffice bidg., INJURY OCCU.) 21 F. HOW DID 19 67 an or obout 21 C. WHERE DI or obout 21 C. WHERE	INJURY OCCUR? INSTANTAL OF THE PHYSIC OF TH	FINDINGS CONSIDER AUSES OF DEATH? THE City, give exact to consider the control of the control o	1967. 1967. 1967.
WEDICAL CERTIFIC	DISEASES OF SISE TO THE DISEASE OF T	PR CONDITION OF A CON	ONS, il any, gouse (A) slating N last. DITIONS CONTRIB NOT RELATED TO CAUSING IT. 198. CONDITION WAS PERFORMED DERLYING (Hour) SERLYING (Hour) Service (Hour) Service (Hour) Service (Hour) Service (Hour)	UTING O THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.) 21E. INJURY OCCURRED While At Not While Work ded the deceosed from July on July 16, ve. (1) (We) (did) (fif fit) M.D. Att. Phy CALL NAME of CEMETERY of CR	20 A. AUTOPSY? (Yes of NO.) n or obout 21 C. WHERE DI injury OCCU 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 21 F. HOW DID 22 J. J. ADDRESS Veterans Adm EMATORY 24	INJURY OCCUR? INSTANTAL OF THE PHYSIC OF TH	FINDINGS CONSIDERALISES OF DEATH? THE City, give exact to provide the control of	1967. 1967. 7, 196

BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/65

6955

G. Truman Schwab 3512 Frederick Ave. Balto. Md

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of the part of the party of the

BEZGOBIRTH NO.	67 6956 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.67	6956
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M.E. CASE NO.				\
1. NAME OF DECEASED (Type or Print)		2.	DATE AND HOUR PRONOUNCE	ED OEAD
EDWARD LINW	OOD BA	KER	July 16, 1967	16:50 A. M.
	OR INSTITUTION, GIVE STREET	A. STATE Maryland	CE(Where deceased lived, If insti- B. COU	Wicomico.
UNIVERSITY HOSPITAL		BATTERS	Parsonsburg (R	
0 011212132			s Street Galish	ury Maryland
	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Male White 10A. USUAL OCCUPATION (Give kind of work) 101	Married R. KIND OF BUSINESS OR INDUST	June 6, 19		12. CITIZEN OF
done during most of working life, even if retired) Lineman-Electrician		Delmar, De		USA USA
Linwood Baker		Mattie Mit		
15 WAS DECEASED EVEN IN U.S. ABIAED SO	DRCES? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes o	719-14-1561	Mrs. Glady	vs M. Baker (Wife K Trailer Park, F) ruitland,Maryland
18.	CAU	SE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION OFFE			1011 10	
LEADING TO DEATH (This does not meen the mode of dy heart failure, asthenia, etc. It means the	ring, e.g., DUE TO	rebral Injur	y and Subdural He	matoma
heart failure, asthenia, etc. It means the injury or complication which coused dea	e diseose.			
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, IF ANY,				
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT OISEASE OR CONDITION CAUSING IT	TED TO THE	**************************************		
19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATION	**	es or No. 208. IF YES, WERE FII	SES OF DEATH?
✓ 21A. EXTERNAL CAUSE WAS O UNDERLYING OR CONTRIB-	218. PLACE OF INJURY (e.g.	, in or obout 21C. WHE	RE OIO (If in Boltimore City, gi	
☐ UTING U CAUSE OF DEATH.	home, form, loctory, street, etc.l Street	office blag., INJURY O	Unknown	00-00
21D TIME (Month) (Ooy) (Year)	(Hour) 21E. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX.) Unknown	m. WHILE AT NOT	WHILE X Sub	ject involved in	a fight
	ulry Inspection A	utapsy X and th	nat on this basis, death In n	ny apinian
resulted from: Natural cause	Accident Suici		_	er
ACTUAL ING A	-1/-		ICAL EXAMINER	DATE SIGNED
SIGNATURE MINUS	- M.		ICAL EXAMINER K	7/16/67
TORING (1996)	J. Spitz, M.D.			
23A, BURIAL CREMATION, 23B. OATE	1.067 Parsons Come			town, or countyl (State)
	1967 Parsons Ceme	24C. FUNERAL	Salisbury, M	ADDRESS
HILL OA LOOM A	26 E. Fallouma		Y & COMPANY, SALI	

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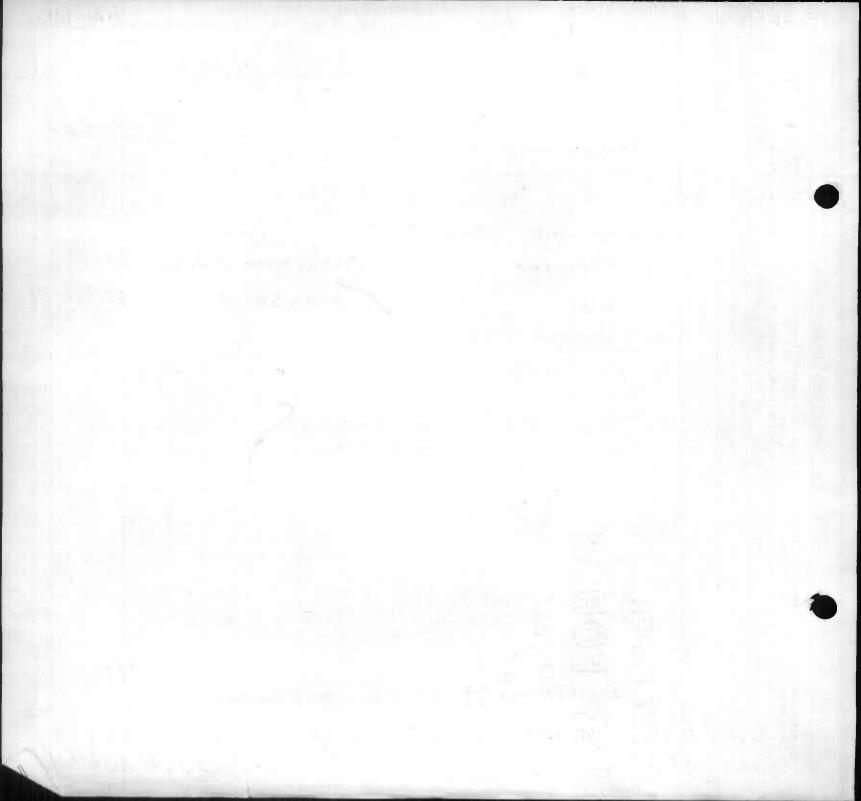
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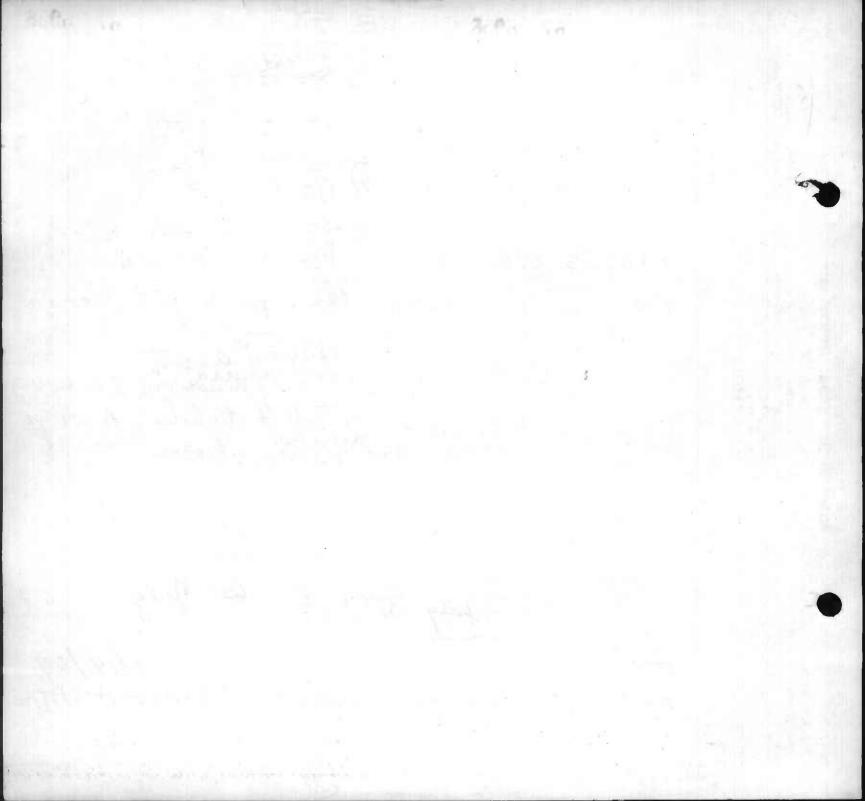
prior to death.

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		CIT	COER
ыкти но. 67 6957	CERTIFICA	TE OF DEATH	Registered Na	6/	6957
M.E. CASE NO. 1. NAME OF DECEASED			D HOUR OF DEATH		
(Type or Print) Colin Sheri	dan		7/16/67	5	20 PM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When A: STATE B. COUN		itution: residence be	ore odmission)
FULL NAME OF (If not in haspital ar institution, give	skaal	ma			
HOSPITAL OR oddress or location)	311001	C. CITY OR TOWN (If out	side city limits, write RU	JRAL and give town	ship
22		BALTIMOR	F	11-0	L
3 / MERCY HOSPITAL			rural, give location)		
		1010 St 7A	ULST.		
5. SEX 6. RACE 7. MARRIED, N WIDOWED, WILDOWED, MAR	DIVORCED (specify)	8-17-1896	9. AGE (In years last birthday)	If Under 1 Yr. If Months Days Ho	Under 24 Hrs. Win.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF B			gn country)	12. CITIZEN OF	
done during most of working lite, even if retired)	Post, Office	F	NNA.	WHAT COUNT	KT?
RELINED LETTER CARRIER WS	703-1	14. MOTHER'S MAIDEN NAM			
LUKE SHERIDAN		CATHERINI		/	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	4	ADDRESS	. dt
YES WWI		DIANNA She	RICAN 10,	10 STPAL	7 2.5
18.	CAUSE O	FDEATH		INTERVAL ONSET AN	
DISEASE OR CONDITION DIRECTLY			1. 1 -		
LEADING TO DEATH	(A) A	cute my ocor	dial intere	11/2	2 mgs
(This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO	,			/
injury or camplication which caused death.)					
ANTECEDENT CAUSES	(B) DUE TO	\$			
DISEASES OR CONDITIONS, if any, giving	(S) A	SLUD		Y . a S	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(C)/			yrs	
11			1 *		391
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	old n	ny. cordial to	afarction		
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CALL	NDINGS CONSIDER	ED
		Yes	X es		
U 21A. ACCIDENT WAS UNDERLYING 21B. PI OR CONTRIBUTING CAUSE OF home, etc.)	ACE OF INJURY (e.g., in form, factory, street, of	fice bldg., INJURY OCCUR?	(ff in Boltimore	City, give exact loc	otian)
U	JURY OCCURRED	21F. HOW DID INJ	LIPY OCCUP?		
S OF INJURY			OKI OCCOK.		
(APPROX.) Work	At Work				1
22. I certify that (I) (this hospital) attended the	deceased fram	JU14 151	19 6 / to)	U17/6	19 6 2
that (1) (we) Past saw the deceased alive an	1-14 16	19 6 7 and the	at In(my) (aur) pini	ian death accurre	d an the date
and haur and fram the causes stated above. (1)	We) (did) (did nat) v	iew the bady after death.			
23A. SIGNATURE				23B. DATE SIGNED	
Laure & Donner	M.D. Atte	ending Med. Director	Staff Phys.	7117/	67
23C. PHYSICIAN'S NAME (Type) / DISIS FORENCE D		23D. ADDRESS		1111	
LOUIS E GRENZER	M.D.				
24A. BURIAL CREMATION, 248. DATE 24C. NAM	E of CEMETERY OF CRI	MATORY 24D. L	OCATION (City	, lawn, or caunty)	(Stote)
BURIAL 7-19-67 134	LTIMORE /	VATIONAL 13,	ALTIMORE	Md	01
JUL 20 1967 Pale 250 NAME OF		25C. JONERAL DIRECTOR	Aut 81.	4 136	1/

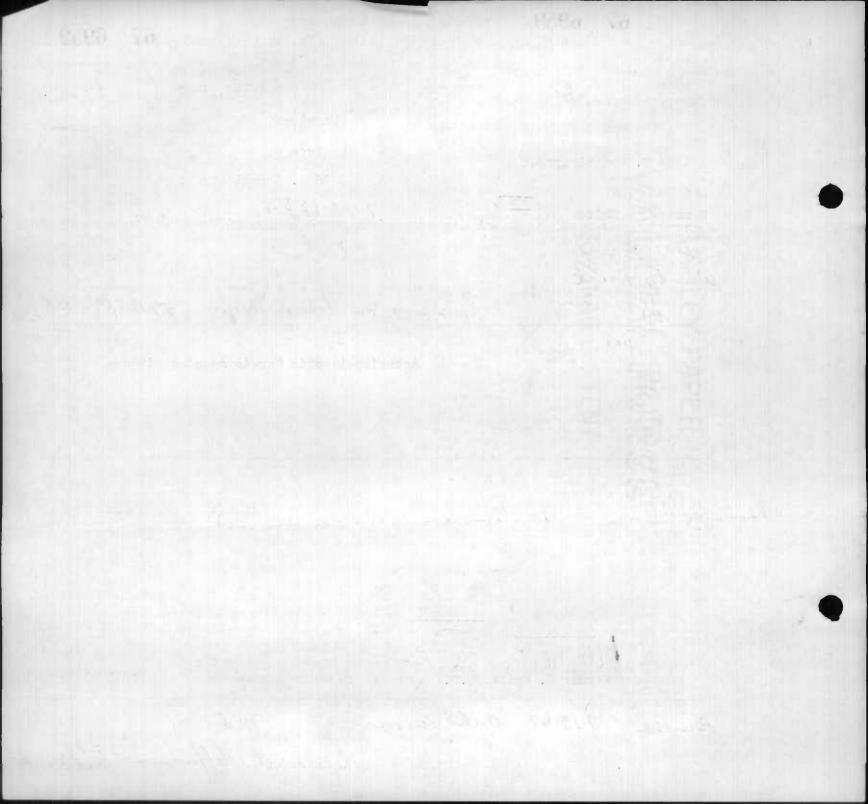


	BALTIMORE CITY	HEALTH DEPARTMENT	4	DAFA
BIRTH NO. M.E. CASE NO. 67	958 CERTIFICA	TE OF DEATH	Registered Na.	67 6958
1. NAME OF DECEASED (Type of Print / ZRINGTON) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	Beatrice	7/1	AND HOUR OF DEATH	M .
FULL NAME OF (If not in hospitol or institut HOSPITAL OR address or locofion) INSTITUTION		MD B. CO	Where deceased lived. If institution UNTY outside city limits, write RURAL	
GRANKLIN SOUTH	HOSPITAL.	BALT/MC D. STREET ADDRESS	OPE CITY (If jural, give location)	18-01
+ Radian and WIDS	HED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years If U Man)	nder 1 Yr. If Under 24 Hrs. ths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIN) lane during most of working life, even if relired)		WASANUG		CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME CHARLES WE	FLDON	14. MOTHERS MAIDEN I	NAME	N
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT Cahen	for hospita	ADDRESS ALEMAS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	1 May Via	tion	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES	ase, (B) As	High Stage	elura na	24 horer
DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tast.		reortrolle mellitus	d diabetes	6 days
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		d Vulra	es abours	-
19A. DATE OF OPERATION 198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE FINDIN IN CERTIFYING CAUSES C	GS CONSIDERED OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or about 21 C. WHERE DID	(If in Boltimore City,	give exact location)
21D. TIME (Month) (Doy) (Yeot) (Hout) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not While Work At Work	21F. HOW DID	INJURY OCCUR?	. /-
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased olive	Clastic Me	uly 8	1967 ta Juli that in (my) (our) opinion (4 14 19 6 7. Cath accurred an the date
and have and from the causes stoted above 23A. SIGNATURE HECLO Helle		ew the bady after deat	h.	DATE SIGNED
23C. PHYSICIAN'S NAME (Type) HECTOTE L. FE		FRANKE	IN SQUAPE	5 HOSPITAL
Burial 7/20/1967	NAMETO CEMETERY OF CRE	MATORY 24D	CATION (Cjy, jow	n or sexplyy (Stote)
25 150-Rev. 7/1/65	a lought	Millions Y	www. 3.	198 Salvolder



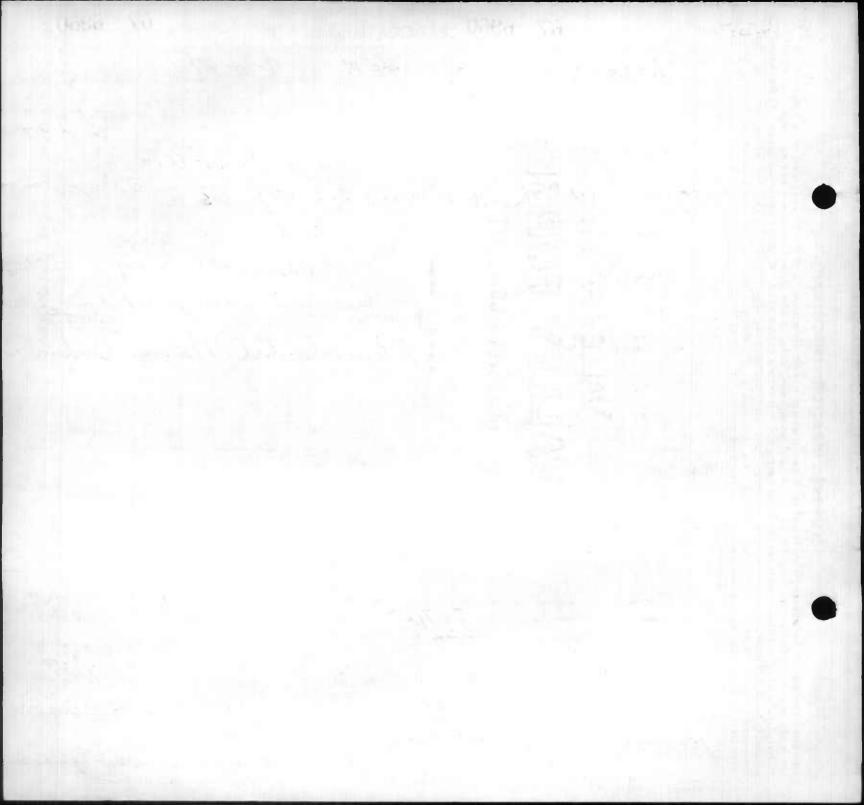
67 6959 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered 17 6959

M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
MARY C- WINSLOW	July 14, 1967, 10:40 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE B. COUNTY
SHIP MANE OF US NOT IN HOSPITAL OR INSTITUTION CIVE STREET	Maryland
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
INSTITUTION	Politimons -06.36
1426 S. Bonsol Street	Baltimore D. STREET ADDRESS (If rurol, give location)
00	1426 S. Bonsol Street
5. SEX 6. RACE 7, MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 His.
WIDOWED DIVORCED (specify)	7-19- 1881 lost birthday Months, Doys, Hours, Min.
Female White	02
IDA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTING done during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewell	ma
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Emerick	7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	9 ms. Lillian Meyer 59 Wel Rio Rd.
No 214-54-639	1 has waters reget of sometimes
IB. CAUS	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEACH	eriosclerotic Cardiovascular Disease
(This does not mean the made of dying, e.g., heat failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST.	
0	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	
198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.	, in ar about 21C. WHERE DID (If in Boltimare City, give exact location)
UNDERLYING OR CONTRIB- home, form, factory, street,	office bldg. INJURY OCCUR?
<u> </u>	
OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT NOT AT YOURK	WHILE WORK
22.	utapsy and that an this basis, death in my apinian
ACTUAL IIII AND I TO	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUSTAL MI	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D.	ASSOCIATE MEDICAL EXAMINER 7/15/67
NAME (Type)	
REMOVAL (Specify) 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
Busin 7-19-67 Clar Law	n md.
24A. DATE REC'D BY HEALTH DEPT. 24B, NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
	. / 4/1 2 .7 / 8
25 1007 DO F. S. Farlow P.A.	Thelma ll. Hoffmann Hudson
VC 351 Bry 1/2/2011 Z. 1/3/01 U. J. 1/3/01	



		1		_]	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the $oldsymbol{0}$	and (6) No physician was in regular attendance on the deceased prior to death. Such	S
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	(5) Dece	ance or	death.	
	in a h	duse;	ttend	or to	
	urred	inedc	ular a	d pri	nade.
	th occ	eterm	n reg	ecease	on is m
	if dea	4) Und	Was	the d	positi
TANT	istant he dir	cind; (death	no es	nal dis
APOR	his ass	fany	nced	endan	d or fi
R: IA	er or	cture	ronou	ar att	balme
FUNERAL DIRECTOR: IMPORTANT	xamir	A fra	who p	regul	Ire em
DIR	dical e	ns; (3)	ician	vas in	nains c
ERAL	ef me	dy bur	e phys	ician v	he ren
FUN	the chi	(2) Bo	ere th	phys	efore t
	ed by	ature;	pt who	(9) No	ned b
	pprov	any n	(exce	; and	e obtai
	st be a	ent of	spital	death)	nust be
	te mu	naccid	at a he	ior to	n lavo.
	ortifica dy wa	(1) Ar	.O.A.	sed pr	n appr
	This ce	shows	was D	deceased prior to death);	written approval must be obtained before the remains are embalmed or final disposition is made.

				CM ARAC
	6960 CERTIFIC	ATE OF DEATH	Registered No.	67 6960
NAME OF DECEASED The property of the property	BORTA	VER 2. DATE AN	D HOUR OF DEATH	
PLACE OF DEATH IN BALTIMORE, MARYLAN				nstitution; residence before admis
TENER OF BEATT IN SACIONARY MARKET		A. STATE B. COUN		01
FULL NAME OF (If not in hospital or inst	titution, give street	ma.		26-1
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write	RURAL and give township)
1-1 0 11-		Dallemo	u	2/22
35 Church Hos	me	D. STREET ADDRESS	wol, give location)	
		112 8-1	ast a	ve.
	ARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Months: Doys Hours M
/= 1/) W	IDOWED, DIVORCED (specify)	1 0 7 10 11	lost birthday)	Months Doys Hours M
DA. USUAL OCCUPATION (Give kind of work 10 B. K	HENRY MAN	TORK TO THE TORK T	G G	12. CITIZEN OF
one during most of working life, even if retired)	into or sosiness or intoosi	ma 1	gii coonny	WHAT COUNTRY?
		ma.		
3. FATHER'S NAME		14. MOTHERS MAIDEN NAM		D de-
E		8/1100	betho	LMA :
rance			n care	ADDRESS
5, Was Deceased Ever in U. S. Armed Forces? 'es, no or unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT	P	ADDRESS
		Mis sedie	· ang	11 S. Doyl
118. // > 2 1	CAUSE	OF DEATH	-	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL		1 1	11/0	ONSET AND DEATH
LEADING TO DEATH	1)-	to all To	11/9/	aide II. h.
(This does not mean the made of dying	a e.a. DUF TO	arresidence	CI O Mass	ende Chemic
hearl loilure, asthenia, etc. It means the d	diseose,			
injury or complication which coused death	1.)			
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BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH t or contributing cause of death Undetermined cause; (5) Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO July 18,1967 WILLIAM JOHN BOHLI hospital eath. 4. USITAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance Baltimore Maryland ō HOSPITAL OR oddiess or location) C. CITY OF TOWN (If outside city limits, write RURAL and give township) attend 0 0 prior Gould Convelesarium D. STREET ADDRESS (If rural, give location) 146 Stevenson Lane occurred is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years deceased lost birthday WIDOWED, DIVORCED (specify) Nov. 5.1895 Male White 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death disposition done during most of working life, even if retired) = B&O Railroad Baltimore. Md. Claims Auditor Was 14. MOTHER'S MAIDEN NAME the direct 4 -WithalminarChesier: Philomena Kircher Ignatius Bohli death LO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 131 Regester Ave. - Dunkink Rd. attendance Mrs. Lawrence H. Taylor Yes WW I any CAUSE OF DEATH pronounced 0 or his DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dving, e.g., heart foilure, osthenio, etc. It means the disease, the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if any, giving ල rise to the obave cause (A) stoling the physician the remains UNDERLYING CONDITION last. medical burns; Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) the 19A. DATE OF OPERATION ō before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 3 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) where to the hospital °Z MEDICAL DEATH (notify medical examiner) etc.) nature; obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While (APPROX.) and Work AT WORK any 22. I certify that (1) (this hospital) attended the deceased from that (1) (last saw the deceased alive an. of death) hospital and haur and from the causes stated abave. (1) ((a) (did nat) view the bady after death. was released must accident 23ACSIGNATURE certificate must Stoff M.D. Attending Med. 9 Phys. approval Director 0 23D. ADDRESS 23C. PHYSICIAN'S prior to NAME (Type) An DR. HAROLD V. 4706 Harford Rd. HARBOLD M.D D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION the body REMOVAL (Specify) shows: SD

and that in(my) (apinian depth accurred an the date 23B DATE SIGNED Baltimore, (City, town, or county) Cockeysville, Md. Mitchell-Wiedefeld Homm, Inc. 6500 York Rd. Baltimore, Md. ADDRESS VS 150-REV. 1/1/65

If Under 24 His.

Hours

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

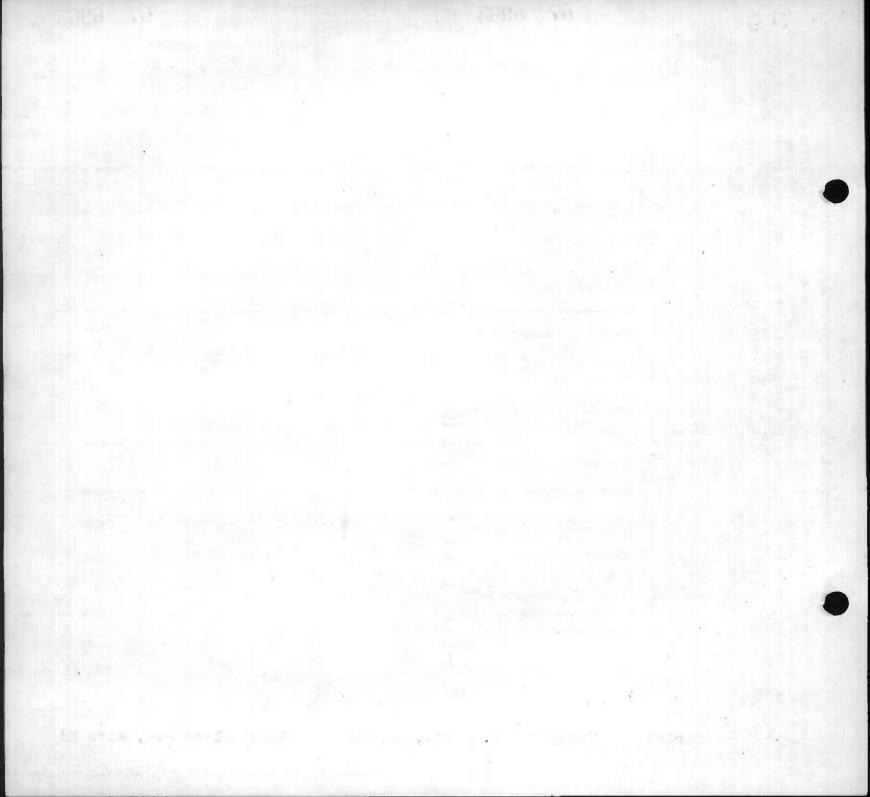
Months Dovs

7-18-67 1115 1 40.70 The second secon 1. 1. 4. 4. C. De Flettor 18 to a feet of the State of th

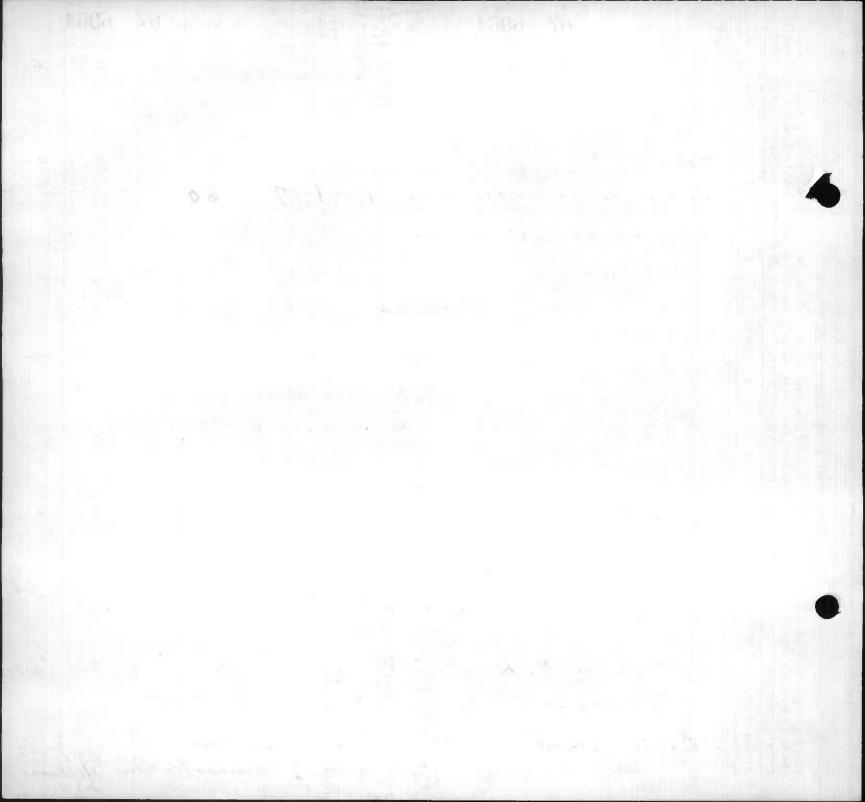
FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

67 60	BALTIMORE CIT	Y HEALTH DEPARTMENT		CM COOO 1
MRTH NO. 67-13916 67 65	CERTIFICA	ATE OF DEATH	Registered No	67 6963 Y
M.E. CASE NO.			ND HOUR OF DEATH	
	JEAN	2. 0016 6	7/10/1	1 9 50 1
BABY GIRL DUR	CAN	14. USUAL RESIDENCE (WI	ere decoosed lived If in	stitution: residence before edmission)
		A. STATE B. COU	NTY	stitution: residence before admission)
FULL NAME OF (If not in hospital or institution and institution)	ion, give street	MARYLa	nd	
INSTITUTION	0	1 - 1		RURAL and give township)
Lutheran Hospiti	al of		more E	3000
46 Maryla		2535 Asi		21223
	WED, DIVORCED (specify)	8. DATE OF SIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months! Ooys Hours Min.
	SINGLE	7/18/67		010 034mm
OA, USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stole or for	roign country)	12. CITZEN OF
lone during most of working life, even if retired)				WHAT COUNTRY?
3- FATHER'S NAME		MARYLAND	AAAF	И. 5 17
7117			/	
	MCAN		Wright	
5. Was Deceased Ever in U. S. Armed Forcas? Yes, no or unknown) (If yes, give wor or datas of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	~	Chart		
18. 7 7 / 1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1	,	ONSET AND DEATH
LEADING TO DEATH	(4)	Journale	with	3 4 minutes
(This does not mean the made of dying,		- FIVOUPOLICE -		
heart failure, osthenia, etc. It means the dise	ose,		0	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, if ony, give	DUE TO			
rise to the above cause (A) sloting	_			
UNDERLYING CONDITION Iosi.	***************************************	финавичния и и и и и и и и и и и и и и о о о о о	000000000000000000000000000000000000000	39
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DISEASE OR CONDITION CAUSING IT.				
TO THE SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., homo, form, foctory, street,	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
DEATH (notify medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
APPROX.)	While At Not WI			
	Work At Wor	*) #	
22. I certify that (I) (this hospital) attended	ed the deceased from	14.18	1967 to 7/	19 19 19 19 19 19 19 19 19 19 19 19 19 1
that (I) (we) lost sow the deceased alive	on 1/18	19.67 ond 1	hot in (my) (our) opi	nion deoth occurred on the dote
and hour and from the couses stated above	e. (1) (We) (did) (did not)	view the body ofter death		
23A. SIGNATURE				23B. DATE SIGNED
Il Mariana		ttending Med. Orrector	Stoff D	2/20/107
23C. PHYSICIAN'S	1	23D. ADDRESS	Phys.	1/20/04
NAME (Type)	**			
F.S. REROMA	M.C	LUINCKAR II	OSP OF MD	- BALTO, MD
REMOVAL (Specify) 248, DATE 249	C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION (C	ity, town, or county) (State)
	St.Mary's, Ha	mpden 39	00 Reland	Ave, Balto Md
25A. DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	2SC. FUNERAL DIRECTO		ADDRESS
JUL 21 1967 (P.	. It & tarbour	1 (Tunting)	Donovan	1-3818 Roland ave
/S 150-REV. 1/1/6S		Carolin C	- WOLLOWIE	J. F. Horanel We



BALTIMORE CITY HEALTH DEPARTMENT	CM 0004
BIRTH NO. 67 6964 CERTIFICATE OF DEATH Registered	No. 67 6964
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DE	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived A, STATE B, COUNTY	1967 200 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	. Il institution: residence before admission)
	1:4.
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, vicinity)	write RURAL and give township)
Institution University Hospt. Bulto.	18-03
3 8 Balto Md 21201 D. STREET ADDRESS (If rurol, give locotio	n)
11 5. Arling	aton Ave #2
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years	
Female White Married 1/191907 lost birthday	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewise At Home West Virgin	
Housewise At Home West Virgin	14 0 37
A 1 5:1/	1
Anderson Dillon Cora Pre.	5/84
15. Wos Deceosed Ever in U. S. Armed Forces? (1/es, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	ADDRESS
NO - 226-30-3860 Pts. 5.5 t.	*
18. ZZ O DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g., DUE TO DUE TO	1/2 4
(This does not meon the mode of dying, e.g., DUE TO heart foilure, asthenio, etc. It means the disease,	
injury ar complication which coused death.)	T. 1/2 hr
ANTECEDENT CAUSES (B) Thrombonis (2) coronoy and	7
DISEASES OR CONDITIONS, if ony, giving	
rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	es / o yeurs
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	US
OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Severe Symptomatic Hor	ria 5 years
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Tes or No.) 208. IF YES, W	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
E QNONE Yes WESTERFORMED Yes	Yes
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	Itimore City, give exact location)
V DEATH (notily medical examiner) NO etc.)	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work	
22. I certify that (I) (this hospital) attended the deceased from 5/25 1967 to	18541- 1067
127	18 July 1961,
) opinion deoth accurred on the dote
ond haur and from the couses stated above (1) (We) (did) (did not) view the body ofter death.	23B. DATE SIGNED
A M.D. Attending Med. Stoff	238. DATE SIGNED
Phys. Director Phys.	18 July 67
23C. PHYSICIAN'S NAME Type) 23D. ADDRESS	
Trancis D. Drake M.D. University Ho	SPT
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (Stote)
A. riel 7/22/17 Man Waren for Oil R	a mel
25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR	A ADDRESS / St
JUL 21 1967 R. O. R. S. Fr. augus Volm V. Commande	fon Inc 31 line
VS 150-REV. 1/1/65	13 ml



VS 151-REV. 1/1/65

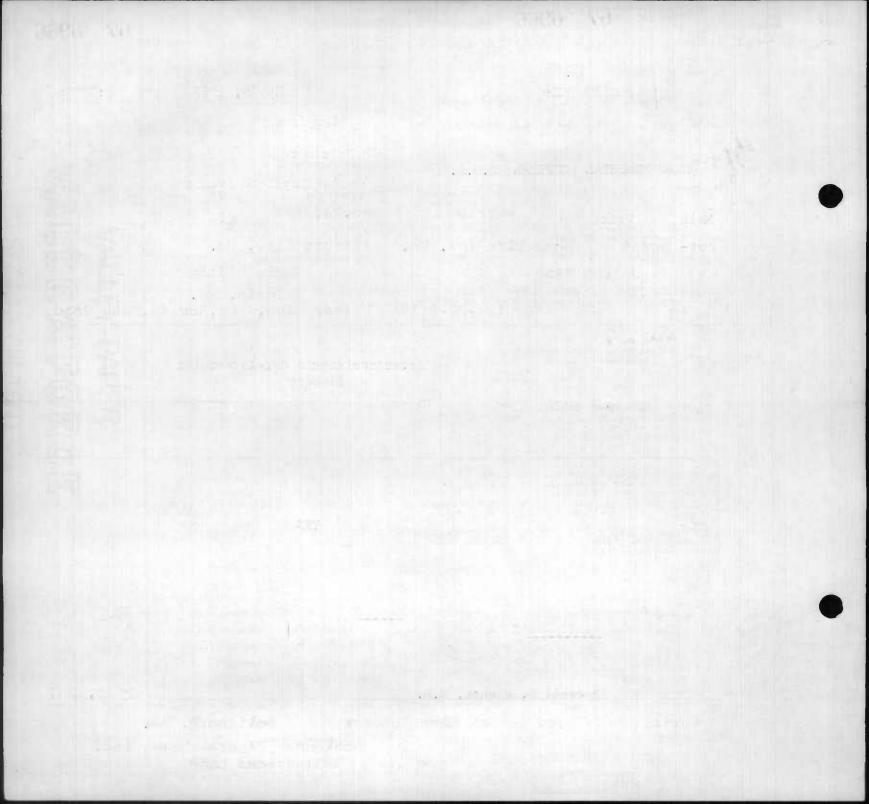
67	6965	BALTIMORE CITY HEALTH DEPARTMENT
	0000	BALTIMORE CITY HEALTH DEPARTMENT

	67 6	3965 i	BALTIMORE CITY HEAL	TH DEPARTMENT	г				
BIR	TH NO. MED	ICAL EX	CAMINER'S CE	RTIFICAT	E OF DI	EATH Regis	itered No	7 696	55_
M.	E. CASE NO.								
1. (Ty	NAME OF DECEASED	(D	-1-1-1- DIT		2. DATE AND	HOUR PRONOUN	CED DEAD		
2 1	LACE IN BALTIMORE, MARILAND, W	TH (P	atricia Eileer		Jul	y 19, 196	7	7:27	а м.
3. 1	LACE IN BALTIMORE, MARTLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE A. STATE		B. C	OUNTY	dence before odn	nis sion)
FU	L NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	c. CITY OR TOW	Land N (If outside o	corporate limits, w	rite RURAL o	nd give township	p) _
IN S	TITUTION			7-14			,	25-	47
1	South Baltimore Gener	mal Magn	it no 1	D. STREET ADDR	IMOTE ESS (If rurol, gi	ve location)			16
	South Bartimore Gener	rar nosi	ollal	37D677XX	JENEYEYEYEYEYE	DAY 2815	Hollin	s Ferry	Road
5. 5	EX 6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH		9. AGE (In year	rs If Under	Doys Hours	24 Hrs.
E	emale White	Wido		Feb. 4	19/3	24			
IOA	USUAL OCCUPATION (Give kind of world addring most of working life, even if retired)			11. BIRTHPLACE (S	lote or foreign	country)	12. CITIZ	EN OF	
	Machine Operator			Baltimor	e. Maryl	and	U	S. A.	
13.	FATHER'S NAME								
100	John E. Newman				Laisure)			
	WAS DECEASED EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS		
	No		219-38-9243	Mr. John	E. Newm	ian 2815 H	Hollins	Ferry R	pso
	18.		CAUSE	OF DEATH				INTERVAL BET	
	DISEASE OR CONDITION DI LEADING TO DEATH								
			(A) Mult	iple trau	matic in	juries			
	(This does not meon the mode of heart failure, asthenia, etc. It means injury or complication which coused	deoth.)							
	ANTECEDENT CAUSE	S							
	DISEASES OR CONDITIONS, IF A		DUE TO						
-	UNDERLYING CONDITION LAST.		(6)				19.5		
Ó	li li		(to / non-non-non-non-non-non-non-non-non-non						
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS						-		
E	TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSING		HE						
CER	19A. DATE OF OPERATION 19B. CON WAS PER		WHICH OPERATION	20A. AUTOPSY?		B. IF YES, WERE CERTIFYING CA			
S	21A, EXTERNAL CAUSE WAS UNDERLYINGX OR CONTRIB-	21 B.	PLACE OF INJURY (e.g., i form, factory, street, o	n or obout 21C. W	HERE DID (If	in Boltimore City,	give exact la	ocotion)	21
	UTING CAUSE OF DEATH.	etc.)				yay and C!	ement	Street	-01
Σ	21D TIME (Month) (Doy) (Year	r) (Hour) 2	Street 1E. INJURY OCCURRED	21 F. HO	W DID INJURY	ay and Cl	- CHICAL L	D La Listin In	
	(APPROX.) 7 13 67	2 · 05 8 · V	VHILE AT NOT V	ORK X Pa	esencer.	in auto	and fi	xed obje	ct
	22. I certify that I held an I								
	resulted fram: Notural ca		ccident X Suicide	_		determined mon			
	resurred fram. Notation to	2	Accident A		DICAL EXA		iner		
	ACTUAL //	m-M	1	ASSISTANT ME		4		DATE SIGN	1ED
	SIGNATURE CANONICE EXAMINER'S	0 - 0	M.D.	ASSOCIATE ME					
		S. Fis	her, M.D.	AJJOURIE ME	DIONE ENA	_	July	19, 1967	7
	BURIAL CREMATION, 238. DATE	23	C. NAME of CEMETERY of	CREMATORY	23 D. LOC	CATION (Ci	ty, town, or	19, 1967 county) (SI	tote)
A	Burial 7/22/	/67	Loudon Park		Ba	ltimore,	Maryla	nd	
24/	. DATE PEC'D BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERA		,		atapsop	Asra
	JUL 21 1967	12.0. B	E. Farberma	mep	OP.F.	011.	-		HVe.
		Tour	,	111 Cea	VII UNU	un Nonce	Balti	more. Mc	1. 2

McCally Tuninal Home Baltimore, Md. 21225

 67. 6966 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6966

-	E. CASE NO.										
l. (Ty	Pe or Print	CEASED	G.				2. DATE AN	D HOUR PRONOUNG	CED DEAD		
			RT KIN			The state of	July	19, 1967		8:30	а м.
3. 1	PLACE IN BAL	TIMORE, M	ARYLAND, W	HERE PRON	DUNCED DEAD	A. STATE	ENCE (Where	deceased lived. If in:	stitution: resid	dence befere	odmis sian)
HC	LL NAME OF	(IF NO	T IN HOSPITA	AL OR INST	TUTION, GIVE STREET	Mary	yland vn (If eutsid	e cerperete limits, wri		nd give tawns	hip)
4						Baltin				00	0
ملر	UNION	MEMORI	AL HOSP	ITAL	D.O.A.	D. STREET ADDR	RESS (If rural,	give lacation)			
C								ld Avenue			
5.	SEX	6. RACE			D, NEVER MARRIED , DIVORCED(specify)	B. DATE OF BIRTH	1	9. AGE (In yeers lest birthday)	If Under Manths	1 Yr. If Under Days Heurs	er 24 Hrs.
7	Male	Whi+			rried	Dec.24,	1892	74		,	
104	USUAL OCC		ive kind of wark	10B, KIND	OF BUSINESS OR INDUSTRY				12. CITIZI	EN OF	<u>i</u>
	e during most of		even if retired)	Olif	e Ins. Co.	Ellicot	+ City	Md	WHA	T COUNTRY?	
	et- ag		TION	E LII	e ms. co.	14. MOTHER'S M					
13.	TAINER 3 NON		ph Kin	g		14. MOTHER'S INC	Sadie	Hilton			
	WAS DECEASI s, na er unknewn				16. SO CIAL SECURITY NO.	17. INFORM ANT	Baldw	in, Md.	ADDRESS	5	
	no	,, ,, ,, gr	ve wer er date]	84-22-8119A	Elmer	King.	son, Box	44.Fc	rk Roa	ad
	18. / /				CALLET	OF DEATH				INTERVAL B	
		LEADING	NDITION DI TO DEATH		(A) Arter		ic Card	iovascular		ONSET AND	
	heart failure	, asthenia,	the mode of etc. It means which caused	the disease	502 10	Dis e	ase				
			NT CAUSES		(R)						
	DISEASES	OR CONE	OTTIONS, IF A	NY, GIVING	DUE TO			••••••		• • • • • • • • • • • • • • • • • • • •	
	UNDERLYI	NG COND	ITION LAST.	A 11110 1111							
Z					(C)			000000000000000			
Ĕ			H				THE ST				
CERTIFICATION	TO THE	DEATH 8	CONDITIONS UT NOT REI ON CAUSING	ATED TO						****************	
CERT	19A. DATE OF	F OPERATIO	N 198, CON WAS PER		WHICH OPERATION			20B. IF YES, WERE F			
¥	21 A. EXTERNA	L CAUSE	WAS	21!	R. PLACE OF INJURY (e.g.,		HERE DID	(If in Baltimere City,	aive exect le	ecetian)	
S	UNDERLYING UTING CAL			har	ne, farm, factory, street, c	ffice bldg., INJURY	OCCUR?				
MEDICAL		731 01 01,									
2	OF INJURY	(Menth)	(Day) (Year	Haur)	21E. INJURY OCCURRED	21 F. H C	DA DID INT	JRY OCCUR?			
	(APPROX.)			m.	WHILE AT NOT	WHILE ORK					
	22.	A16. AL - A I	bald as d				1 4	- 1 - 1 - 1			
			held an I					Is basis, death in		n	
	resu	Ited fram:	Natural ca	ses X	Accident Suicld	e Hamici	de 🔲 🔝 l	Indetermined man	ner		
			1.10	2	/	CHIEF MI	EDICAL EX	AMINER X		DATE SI	CHED
	ACTUA		1181	Fre	ner "	ASSISTANT ME	EDICAL EX	CAMINER		DATE SI	SNED
	SIGNAT	. (M. D.	ASSOCIATE M					
	NAME (D 1 1	C Tr	sher, M.D.	AJJUCIATE M	EDICAL LA	AMINER	T., 1.	. 10 1	067
23/	BURIAL CRE		23B. DATE		23C. NAME of CEMETERY e	CREMATORY	23D. L	OCATION (Cit	y, tawn, ar o	y 19, 1°	(Stete)
	MOVAL (Specif	y)									
	Buria	1	7/22/6	/	Oak Lawn Cer	netery	Ba	ltimore,	Md.		
24/	A. DATE REC'D	BY HEALT	H DEPT.	248, NAM	E OF REGISTRAR	24C. FUNERA	AL DIRECTOR	uneral Ho	mo f	DORESS	
									me, 1	. 110 .	
			0 1 1007	100	C Tra america	333	r Riep	ms Lane			
211	161 DEV 1/1	/4 & FEE		111.0/00	The state of the s		2.5				



100		1
1000	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
IMPORTANT	or his assistant Also, if the dire	nounced death attendance on Imed or final dis
DIRECTOR:	dical examiner cal examiner.	ician who proras in regular
FUNERAL	ed by the chief med lospital by a medi ature: (2) Body bur	pt where the phys (6) No physician w
	This certificate must be approve the body was released to the babows: (1) An accident of any n	was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

RIPTH NO					
M.E. CASE NO.	07	6967 CERTIFICA	TE OF DEATH	Registered No	. 67 6967
Type or Printly	ASED	_	2. DATE AND	HOUR OF DEAT	7
MAK	1 A - CAKE	4	7/18/6	27 2	7PM 1
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where	deceosed lived, II Y	institutions residence before admission
FULL NAME O	F (If not in hospital	or institution, give street	MARYLAND		
HOSPITAL OR	oddress or locotion			ide city limits, write	e RURAL ond give township)
3 3			BALTIMORE		7-02
THE JOH	INS HOPKINS	HOSPITAL	D. STREET ADDRESS (II ru	irol, give location)	
			635 NORTH LA	KEWOOD A	VENUE
. S EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
FEMALE	WHITE	WIDOW	2-26-84	83	
		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
housew:	vorking lile, even if retired)	at home	Baltimore, M	d.	WHAT COUNTRY?
3. FATHERS NAM			14. MOTHER'S MAIDEN NAM		
	ENGELBACH		MARYELLEN	XSHIEXINAN	SHEEHAN
5. Was Deceased les, no or unknown	Ever in U. S. Armed For	ses of service) 16. SOCIAL	17. INFORMANT		ADDRESS
		212-07-6039	Margaret Cak	e. dght.	above
18.	20.00	CAUSE O			INTERVAL BETWEEN
DISEAS	E OR CONDITION DI	RECTLY	1.	. 1	ONSET AND DEATH
	LEADING TO DEATH	in Can	diac arrivat	houra.	Coureeho
	of mean the mode of	dying, e.g., DUE TO	the state of the		
	osthenio, etc. II meons plication which coused	deoth.)	1 1 - 1	11	
/		// 61			
	ANTECEDENT CAUSES	(B)	enstelliatic V	last au	ear Wysais
DISEASES	ANTECEDENT CAUSES	DUE 10	diac arrlyt	1	ear 10 years
	ANTECEDENT CAUSES R CONDITIONS, if cobove cause (A)	ony, giving		1	ear loyears
rise to the	R CONDITIONS, if	ony, giving		toxisty	ear loyears
rise to the UNDERLYING	R CONDITIONS, if	ony, giving		1	eas loyears
rise to the UNDERLYING	PR CONDITIONS, if sobove cause (A) CONDITION lost.	ony, giving stoling the (C) and		1	eas 10 years
OTHER SIGNI	PR CONDITIONS, if cobove cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACEMENT CONDITIONS CONDITION CAUSING	ony, giving stoling the (C) and	perhaps diqu	toxisty	V
OTHER SIGNITO THE DISEASE OR	PR CONDITIONS, if cobove cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACEMENT CONDITIONS CONDITION CAUSING	ony, giving stoling the (C) and CONTRIBUTING ATED TO THE NOTE TO THE LITE OF T		toxisty	V
OTHER SIGNI TO THE DI DISEASE OR	PR CONDITIONS, if cobove cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING CONDITION	ony, giving stoling the (C) and CONTRIBUTING ATED TO THE NORTH IT.	perhaps digi	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNI TO THE DI DISEASE OR 19A.DATE OF	PR CONDITIONS, if cobove cause (A) CONDITION lost, FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER	ony, giving stoling the (C) and CONTRIBUTING ATED TO THE NORTH IT.	peliages digi	20B. IF YES, WER	V
OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	PR CONDITIONS, if cobove cause (A) CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING CONDITION	ONY, giving Stoling The (C) AND CONTRIBUTING ATED TO THE LIT. JOINTON FOR WHICH OPERATION FORMED	peliages digi	20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUTION OF	PR CONDITIONS, if cobove cause (A) CONDITION lost, FICANT CONDITIONS CEATH BUT NOT RELACED CONDITION CAUSING OPERATION 198. CONWAS PER	ony, giving stoling the (C) and CONTRIBUTING ATED TO THE NOTE TO THE IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	peliages digi	20B. IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNI TO THE DIDISEASE OR DISEASE OR OR CONTRIBU DEATH (notily 21D, Time of injury	PR CONDITIONS, if n obove cause (A) c CONDITION lost. FICANT CONDITIONS CEATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PER IT WAS UNDERLYING THING CAUSE OF medicol exominer)	ONY, giving stoling the (C) and (C) an	20A. AUTOPSY? (Yes or No) VES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notily OF INJURY (APPROX.)	PR CONDITIONS, if a obove cause (A) condition lost, condition lost, conditions of the conditions of the condition causing operation [198, conwas per condition causing cause of the condition causing cause of the condition cause of	ONY, giving stoling the (C) and (C) are the control of	20A. AUTOPSY? (Yes or No) YES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING (II in Boltim	E FINDINGS CONSIDERED CAUSES OF DEATH? Hore City, give exact location)
OTHER SIGNI TO THE DI DISEASE OR 19A. DATE OF OR CONTRIBU DEATH (notily OF INJURY (APPROX.)	PR CONDITIONS, if a obove cause (A) condition lost, condition lost, conditions of the conditions of the condition causing operation [198, conwas per condition causing cause of the condition causing cause of the condition cause of	Ony, giving stoling the (C) and (C) are the control of	20A. AUTOPSY? (Yes or No) VES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING CO.	E FINDINGS CONSIDERED CAUSES OF DEATH? Fore City, give exoct locohon)
OTHER SIGNITO THE DIDISEASE OR 19A.DATE OF 21A.ACCIDEN OR CONTRIBUDEATH (notily 12D. TIME OF INJURY (APPROX.)	PR CONDITIONS, if a obove cause (A) condition lost, condition lost, conditions of the conditions of the condition causing operation [198, conwas per condition causing cause of the condition causing cause of the condition cause of	CONTRIBUTING ATED TO THE NOW IT. IDITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., in home, lorm, loctory, street, ol etc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work 1) attended the deceased fram	20A. AUTOPSY? (Yes or No) VES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING CO.	E FINDINGS CONSIDERED CAUSES OF DEATH? Here City, give exect locotion)
OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUDEATH (notily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	PR CONDITIONS, if a obove cause (A) condition lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING 19B. CON WAS PER CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CONDIT	Ony, giving stoling the (C) and (C) are the control of	20A. AUTOPSY? (Yes or No) VES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 07 and tho	20B. IF YES, WER IN CERTIFYING CO.	E FINDINGS CONSIDERED CAUSES OF DEATH? Here City, give exect locotion)
OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUDEATH (notily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	PR CONDITIONS, if a obove cause (A) condition lost. FICANT CONDITIONS CEATH BUT NOT RELACONDITION CAUSING 19B. CON WAS PER CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSING CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CAUSE OF CONDITION CONDI	ony, giving stoling the (C) Aud CONTRIBUTING ATED TO THE LIT. 218. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not Whith Work Not Whith Work	20A. AUTOPSY? (Yes or No) VES Tor obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJURY 19 07 and tho	20B. IF YES, WER IN CERTIFYING CO.	E FINDINGS CONSIDERED CAUSES OF DEATH? Here City, give exoct locohon)
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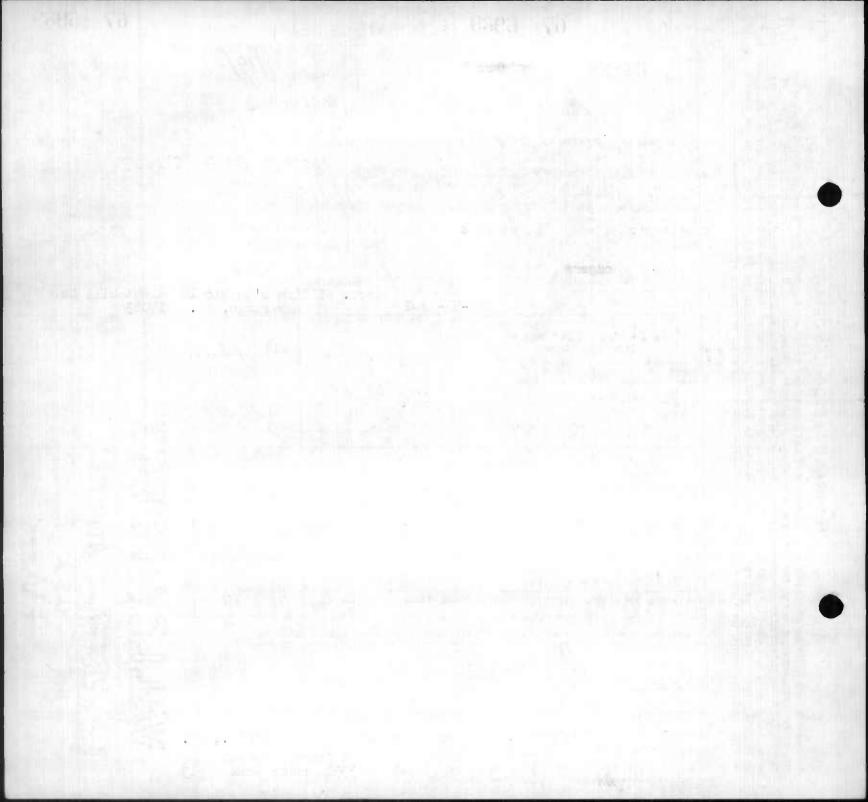
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Mamas C. Butler

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14. MOTHER'S MAIDEN NAME Benito Quijarro 14. MOTHER'S MAIDEN NAME Mary Pajar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Tes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 20. Alma Lindemore Quijarro, wife, ab CAUSE OF DEATH INTERVAL ONSET AN INTERVAL ONSET AN O	10A, USUAL OCCUPATION (Give kind of done during most of working life, even if ref	vork 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY?
SECURITY No. SECU	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., heart foliur, estherio, etc. It meens the disease, injury or complication which coused death.) ARTECIOSC LETOTIC Cardiovascular DUE TO DISEASE ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	(Yes, no or unknown) (If yes, give wor or	otes of service) SECURITY NO.		
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SIGNATURE	SIGNATURE		ASSOCIATE MEDICAL EXAMINER	July 19, 1967
23A. BURIAL CREMATION, REMOVAL (Specify) Burial 7/21/67 Arlington Nat. Cem. 23D. Location (City, fown, or county) Arlington, Va.	REMOVAL (Specify)			

	Pe or Print) TRENE IF	Podan	ma :		Z. DATE A	19/67	1 (
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	FULL NAME OF (If not in hospi	ital or institution,	, give street		ARYLAN		
	HOSPITAL OR oddress or local	otion)		C. CITY OR	TOWN (If o	utside city limits, write	e RURAL ond give
	Maryland Genera	al Hosp	etal	D. STREET A	BALTING	Trurol, give location)	
1	48')	607 F.	29 Th 5	TREET
	Female While	WIDOW	D, NEVER MARRIED	B. DATE OF		9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys
do	A. USUAL OCCUPATION (Give kind of vote during most of working life, even if retire		OF MUSINESS OR INDUST		CE (State or for		12. CITIZEN O
H	ousekeepene		home	/	MARYLA	ND	U.S
13.	FATHERS NAME			14. MOTHER	S MAIDEN NA	ME	
	JOHN Rodgers			m.	BRY DA	VEY	
	Was Deceosed Ever in U. S. Armed s, no or unknown) (If yes, give wor or o		1 6. SOCIAL SECURITY NO.	Mrs. W		'Angelo 10	Walnut Hil
	NO		218-54-2902	1.1.50	Haver	town, Pa.	19083
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	DISEASE OR CONDITION LEADING TO DEAT		0	1.	March	C.1.	
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MEDICAL CERTIFIC	Injury ar camplication which couse ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, rise to the above cause (Counderlying Condition lost). I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REPORT OF THE DISEASE OR CONDITION CAUSE OF OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner). 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner). 21 D. TIME (Month) (Doy) (Yeo Thylury (APPROX.) 22. 1 certify that (I) (this hospithot (I) (we) last sow the deceived ond hour and from the couses at 23A. SIGNATURE	SES if any, giving A) sloting the SCONTRIBUTII SELATED TO T GIT. CONDITION FOR PERFORMED 21 ho et con) (Hour) 21 W W ital) ottended a sed a live on stated above.	B. PLACE OF INJURY (e. me, form, loctory, street, c.) E. INJURY OCCURRED while At	20A. AUT g., in or obout 21C office bldg., INJ Yhile 21F Yhile 319 19 19 23D. ADDRES: D. CREMATORY	OPSY? (Yes or h	O) 208, IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR? 19 4 7 to	pinlon death occ

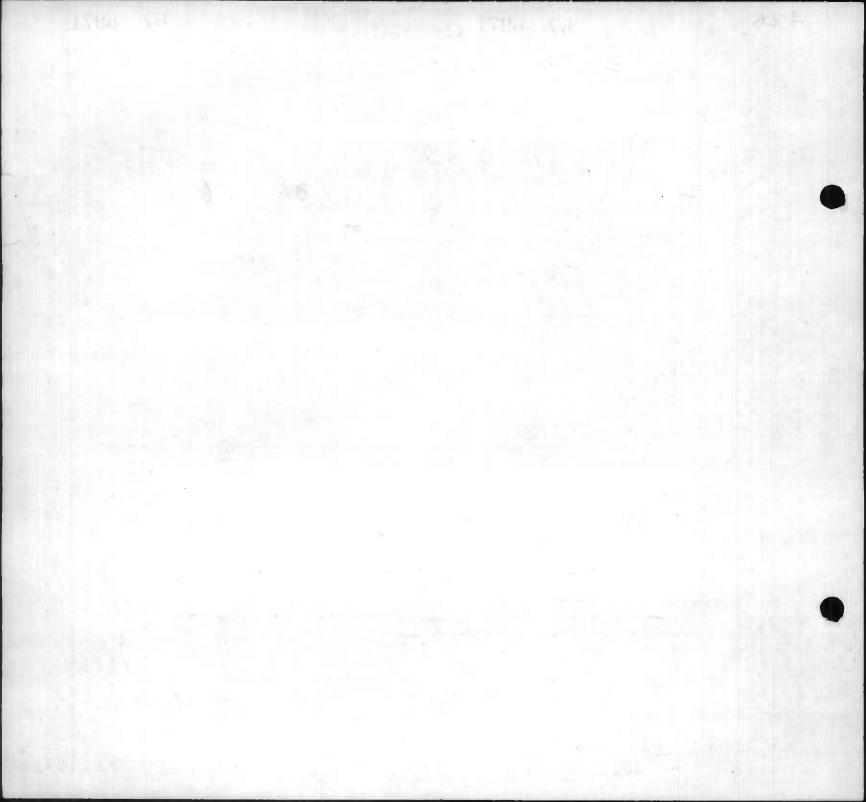


	BALTIMORE CITY			OP OOMO
BIRTH NO. 67 6	970 CERTIFICA	TE OF DEATH	Registered Na.	67 6970
M.E. CASE NO. 1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) COLLINS, CHARLE	S HENRY	7/18/	67	10:00 P. M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A, STATE B. COUN	deceased lived. If i	nstitutian: residence befare admission)
FULL NAME OF (If not in hospital or institu	ution, give street	MARYLAND B	LTIMORE C	RURAL and give towaship)
HOSPITAL OR oddress or location) INSTITUTION VETERANS ADMINIS	TRATTON HOSPITA	C. CITY OR TOWN (If outs	ide city limits, write	RURAL and give township)
3900 LOCH RAVEN		DATMITMODE	ural, give location)	7 00
BALTIMORE, MARYL		657 GUTMAN AN	PENTUE	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH	. AGE (In years ast birthday)	If Under 1 Yr. If Under 24 Hrs. Manths; Days Haurs; Min.
MALE NEGROID	MARRIED	10/22/92	74	
10A, USUAL OCCUPATION (Give kind of work 10 8, KIN done during most all working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
ELEVATOR OPERATOR	elsersty (ffls	MARYLAND		U.S.A.
13. FATHER'S NAME	/ /	14. MOTHER'S MAIDEN NAM	NE.	
MOSES COLLINS		CLARA BROWN		
5. Was Deceosed Ever in U. S. Armed Farces? Yes, na ar unknown) (If yes, give war ar dates of ser	vice) 1 6. SOCIAL SECURITY NO.	HOSPITAL REC	ORDS	ADDRESS
YES 1/22/18-3/17/19	218-22-62-83	V.A. HOSPITAL		RE. MD. 21218
18.	CAUSE C	F DEATH	•	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) BRON	CHOGENIC CARCII	TOMA WITH	1 YEAR
(This does not meon the mode of dying, heart foilure, asthenia, etc. It means the dis	e.g., DUE	SPREAD METASTAS	SES.	
injury or complication which coused death.)				
ANTECEDENT CAUSES	(B) DUE TO	ru mê 6 debu êm mu m 6m 6 60 60 60 60 60 60 60 60 60 60 60 60 6		
DISEASES OR CONDITIONS, if ony, g				
UNDERLYING CONDITION lost,	(W)	1911 989 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	* *** *** *** ** ** ** ** ** ** ** ** *	***************************************
Z OTUGO CONTROL	HT-NC			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE			
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes ar No)	208. IF YES, WERE	FINDINGS CONSIDERED
		Lino		YES
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltima	
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	hame, farm, factory, street, a etc.)	ffice bldg., INJURY OCCUR?		re City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 100 101 101 101 101 101 101 101 101 1	etc.)	ffice bldg., INJURY OCCUR?		re City, give exact locabant
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)	etc.)	office bldg., INJURY OCCUR?		re City, give exact locabani
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21 D. TIME (Manth) (Day) (Year) (Haur) (APPROX.)	21 E. INJURY OCCURRED While At Not White Mark Wark	21F. HOW DID INJU	RY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines) 21 D. TIME (Manth) (Day) (Year) (Haus) OF INJURY	21E. INJURY OCCURRED While At Not While At Work ded the deceased from	Iffice bidg., INJURY OCCUR? 21F. HOW DID INJU 10 JUNE 14, 19671	9ta	LY 18, 1967 19
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OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21 D. TIME (Manth) (Day) (Year) (Haus) (APPROX.) 22. I certify that XX (this hospital) attention that X (we) last saw the deceased alive	21E, INJURY OCCURRED While At Not Whi At Work ded the deceased from	JUNE 14, 1967 1 JUNE 14, 1967 1 JUNE 14, 1967 1	9ta	LY 18, 1967 19
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OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that XIX (this hospital) attention that XIX (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) GEORGE W. GAPPNEY M.	21E. INJURY OCCURRED While At Not Whi At Work ded the deceased from an JULY 18, 19 ve. 16) (We) (did) (1000) Att Phy M.D.	JUNE 14, 19671 16719	ory occur? 10 July 10	LY 18, 1967 19
OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) 21D. TIME (Manth) (Day) (Year) (Haur) OF INJURY (APPROX.) 22. I certify that XIX (this hospital) attention that XIX (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) GEORGE W. GAPPNEY MA	21E. INJURY OCCURRED While At Not White At Work ded the deceased from	JUNE 14, 19671 16719	ory occur? ytaJU t in (50) (aur) ap bys. XX SPITAL, BA	LY 18, 1967 19 Initian death accurred an the date 23B. DATE SIGNED 7/19/67 LTIMORE, MD. 2121 Eity, town, or sounty) (State)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. Time (Manth) (Day) (Yeas) (Haus) OF INJURY (APPROX.) 22. I certify that XIX (this hospital) attended that and fram the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CEORGE W CAFFNEY REMOVAL (Specify) BURTAL	21E. INJURY OCCURRED While At Not White At Work ded the deceased from	JUNE 14, 1967 1 167 19 and the view the bady after death. 23D. ADDRESS V.A. HO	ory occur? 10 July 10	LY 18, 1967 19 Inian death accurred an the date 238. DATE SIGNED 7/19/67 LTIMORE, MD. 21216 City, town, or county) (State) derick Officering (State)
OR CONTRIBUTING CAUSE OF DEATH (natify medical examines) 21D. TIME (Manth) (Day) (Yeas) (Haus) OF INJURY (APPROX.) 22. I certify that XIX (this hospital) attended that and from the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) CEORGE W CAFFNEY M 24A. BURIAL CREMATION, REMOVAL (Specify) BURTAL.	21E. INJURY OCCURRED While At Not Whi At Work ded the deceased from an JULY 18, 19 ve. 16) (We) (did) (1000) Att Phy M.D.	JUNE 14, 19671 16719	ory occur? ytaJU t in (50) (aur) ap bys. XX SPITAL, BA	LY 18, 1967 19 Initian death accurred an the date 23B. DATE SIGNED 7/19/67 LTIMORE, MD. 21216 2ity, town, or county) (State)

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VS 150-REV. 1/1/65

			BALTIMORE CITY	HEALTH DEPARTMENT	01	7 0054
BIRTH NO.	67	6971	CERTIFICA	TE OF DEATH	Registered Na. 6	7 6971
1. NAME OF DE	EDITH	BI	ISH	2. DATE AF	1967	700 A M.
3. PLACE OF D	EATH IN BALTIMORE, MARY	LAND		4. USUAL RESIDENCE (Whe	re deceased lived. It institu	tian: residence befare admission)
FULL NAME HOSPITAL OF		institution, give	to Av.	C. CITY OR TOWN III au	etside fly limits, write RUR.	AL and give township?
00	Balleni	re,	md-	3908 K	rurol, give location)	Avi
# F	6. RACE	WIDOWED, DI	VORCED (specify)	5/1/01	9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min,
dane during mast	CUPATION (Give kind of work) of working life, even if refired)	B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE State or fare	Marya &	2. CITIZEN OF WHAT COUNTRYP
13. FATHERS N.				14. MOTHER'S MAIDEN NA	Me)	Jige E O WI
15. Was Deceas	ed Ever in U. S. Armed Force	s? af service) 16.	SOCIAL SECURITY NO.	17. INFORMANT	1/2	ADDRESS
			15-34-9240	Harold Be	ish (son	Same
	ASE OR CONDITION DIRE	CTLY	CAUSE OF	DEATH	uz a se	INTERVAL BETWEEN ONSET AND DEATH
(This does	LEADING TO DEATH	lying, e.g.,	DUE TO	mphosare	oma	approx 6 mos
heart failur	e, asthenia, etc. It means the emplication which caused d	ne disease,		V		00
	ANTECEDENT CAUSES		(B)			
rise ta	OR CONDITIONS, if an the abave cause (A) s NG CONDITION last.		(C)			
7	_11					
E TO THE	NIFICANT CONDITIONS CO DEATH BUT NOT RELATI R CONDITION CAUSING IT.	ED TO THE				
19A.DATE	of operation 198. CONDINAS PERFO	PRINTED STAND	hosarcom	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
OR CONTRI	BUTING CAUSE OF	18. ALA	CE OF INJURY (e.g., in form, foctory, street, off	ar about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exact lacation)
	(Manth) (Day) (Year)	While A		21F. HOW DID IN	JURY OCCUR?	1
22. I certi	fy that (I) (this heapttul)	ottended the d	At Work	murch	1967 to	7/19 1967
thot (1) (last sow the deceased	alive on	7/19	19.6.7 and th	not In(my) (vor) opinlo	n death occurred on the date
ond hour of	TURE	d above. (I)	e) (did) (didamoi) vi	ew the body after deoth.	123	B. DAYE SIGNED
1	Stew	sax	M.D. Atte	Med. Director	Staff Phys.	7/19/67
23C. PHYSIC NAME	(Type) D. W.	STE	VART M.D.	3D. ADDRESS SINAI	HASPIT	AL
23C. PHYSIC NAME 24A. BURIAL CI REMOVAL		24C. NAME	of CEMETERY or CRE	MATORY 24D. L	OCATION (City,	lawn, or county) (S/Ge)
Bures	u 1/24/6	7 MS	Cal	250 FUNERAL DIRECTO	1. a. Cou	inly- Med
ZUAL DATE REC	JUL 21 1967	P.O. F.O	3.0.0.	Joseph b.	tocks &	1304 n. Centrela



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24A. BURIAL CREMATION. 24D. LOCATION REMOVAL (Specify) 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH BIRTH NO. spital and of death) Deceased Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ПО 8 hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) attendance B. COUNTY irect or contributing cause (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street C. CITY OR TOWN (II OU oddress or location) (If outside city limits, write RURAL and give township) 0 0 D. STREET ADDRESS (If TO prior (If rurol, give location) occurred HOSPITAL disposition is made. LYMPIA in regular 9. AGE (In years 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) Hours MARRIED 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working file, even if retired) TUNERAL 13. FATHERS NAME .51 DIRECTOR ALTIMORE Was the MOTHER'S MAIDEN NAME ALBER MINNIE death U₀ kind; 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS 6. SOCIAL or final SECURITY NO. attendance FOREST GREEN any who pronounced CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embaimed Body burns; (3) A fracture of LEADING TO DEATH (This does not mean the made of dying, e.g., examiner. heart lailure, asthenio, etc. It means the disease, regular injury ar camplication which coused deoth.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the physician UNDERLYING CONDITION lost. the remains Was Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. CERTIFIC 20 A. AUTOPSY? (Yes or No) the 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? before the body was released to the hospital by shows: (1) An accident of any nature; (2) E where 21A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °N MEDICAL DEATH (notify medical examined obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? 9 21E. INJURY OCCURRED OF INJURY (except While At Not While (APPROX.) must be approve At Work death); and Work 22. I certify that (I) (this hospital) attended the deceased from that (1) (we) last saw the deceosed alive an..... 6.7 and that in (my) (aur) opinion death accurred on the date .19..... be hospital must and hour ond fram the causes stated obove. (1) (We) (AHD) (dld not) view the bady ofter death. 23A/SIGNATURE 23B, DATE SIGNED Attending Med. Stoll M.D. deceased prior to written approval Phys. approval Director 0 23C. PHYSICIANS 23D. ADDRESS certificate t o 24A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) was D.O.A. OF CREMATORY 20 25A. DATE REC'D 26 . FUNERAL DIRECTOR ADDRESS Garrison VS 150-REV. 1/1/65

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2024 Orleans St.

BALTIMORE CITY HEALTH DEPARTMENT

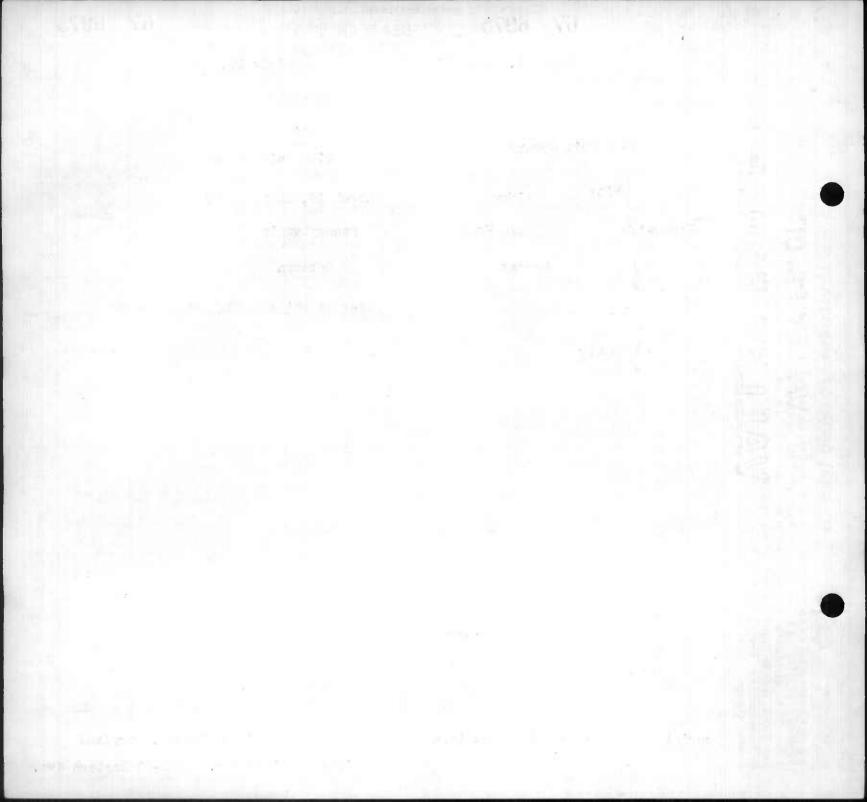
BIRTH NO.

VS 150-REV. 1/1/65

Total from the grant of the state of There is the property of the property of which

This certificate must be approved by the chief medical examiner or his assistant if death oc the hody was released to the hospital by a medical examiner. Also if the direct or cont	he chief medical ex	Kaminer	or his a	he chief medical examiner or his assistant in by a medical examiner. Also, if the direction	if deat	h oc
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetern was D.O.A. at a hospital (except where the physician who pronounced death was in regdeceased prior to death); and (6) No physician was in regular attendance on the deceas written approval must be obtained before the remains are embalmed or final disposition is	(2) Body burns; (3) re the physician was in fore the remains a	A fractur who pron regular re embal	e of an counced attende	y kind; d death ance on final di	was ir the de spositio	reg

	EASED				D HOUR OF DEATH	4
(Type ar Print)	CLAR		ennett		7 19, 1967	
3. PLACE OF DEA	TH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (When	e decaased lived. If TY	institution: residence before o
FULL NAME O			ve street	Maryland		
HOSPITAL OR	oddress or location	on)		C. CITY OR TOWN (If gut	side city limits, write	RURAL and give township)
				Baltimore		
00	2710 Fait A	venue			rural, give location)	100
00				2710 Fait		
5. SEX	6. RACE	WIDOWED,	NEVER MARRIED DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Unde Manths Doys Hours
Female	White	Widow		March 20, 1894	73	
	JPATION (Give kind of wor working life, even if retired)		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
Housew	ife	Own H	ome	Pennsylvania		
3. FATHER'S NAM	A E			14. MOTHER'S MAIDEN NA	ΛE	
	9	Murray		Unknown		
15. Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	(If yes, give wor or dat	es of services	SECURITY NO.	Chaulas Intel	6202 84	ale Assaure
NO 18.	A / 1		CAUSE	Charles White	6303 Broo	INTERVAL BETW
10	E OR CONDITION DI	DECTLY			1/	
	LEADING TO DEATH		/h	uncuracul sh	Kanchelon	30 min
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	asthenia, etc. 11 means plication which causes		110	Ciningla store Bu	redio ranced	a 12,
			1111		- 60	1000
,	ANTECEDENT CAUSES	2	DUE TO	List Alalies		
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DISEASES O	R CONDITIONS, if above cause (A)	any, giving		heart distant		
DISEASES O	R CONDITIONS, if	any, giving				
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DISEASES Onise to the UNDERLYING	OR CONDITIONS, if a abave cause (A) G CONDITION last.	any, giving slating the CONTRIBUTING ATED TO THE	(C)			
DISEASES Of the UNDERLYING	OR CONDITIONS, if a bave cause (A) CONDITION last. Il FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 1198, COI	any, giving stating the CONTRIBUTING ATED TO THE IT.	(C)			
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OTHER SIGNITO THE DISEASE OR 19A. DATE OF OR CONTRIBU	PR CONDITIONS, if a above cause (A) CONDITION last.	any, giving slating the CONTRIBUTING ATED TO THE IT.	(C)	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
NOTHER SIGNITO THE DISEASE OR TO THE DISEASE OR TO A. DATE OF OR CONTRIBUTION OF CONTRIBUTION	PR CONDITIONS, if a bave cause (A) CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198, COI WAS PEI	CONTRIBUTING ATED TO THE IT. NDITION FOR W RFORMED 218. home etc.)	HICH OPERATION PLACE OF INJURY (e.g., farm, foctory, street,	20 A. AUTOPSY? (Yes or No in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?) 208. IF YES, WERI IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
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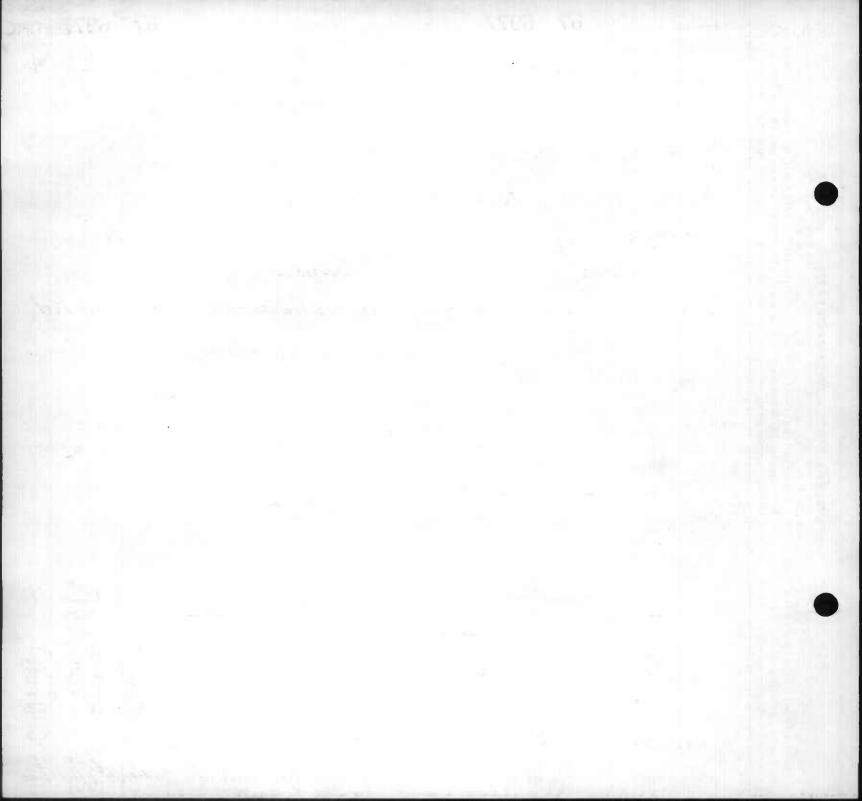
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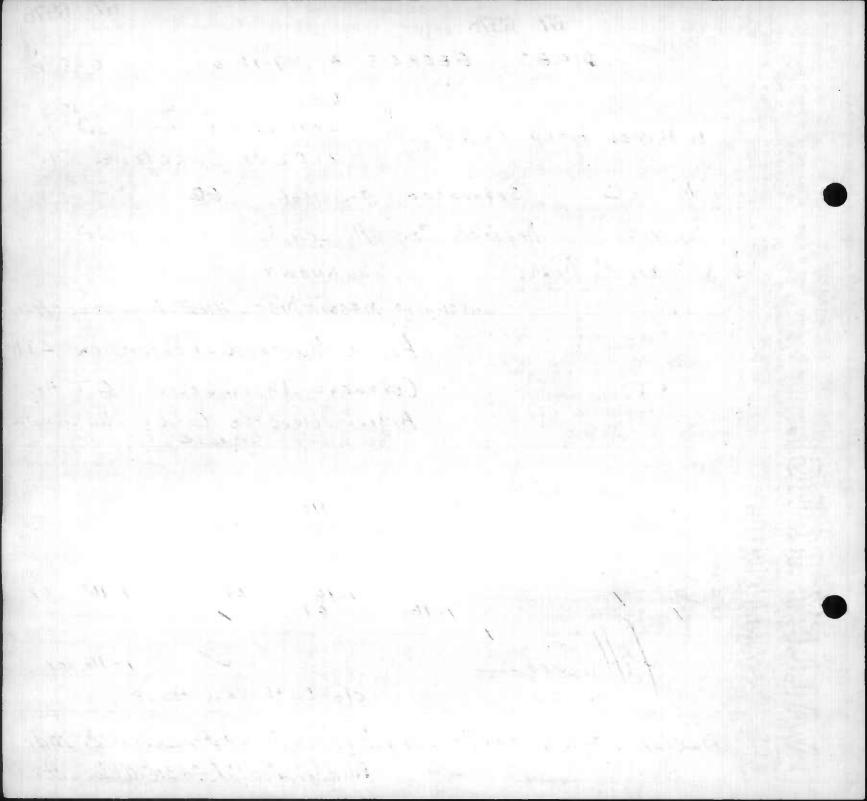
vepaths pt.f.

	0010111	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 67	6977	CERTIFICA	TE OF DEATH	Registered Na	67 6977
M.E. CASE NO.		CERTITICA			o. 0011.
1. NAME OF DECEASED	. 1	11		D HOUR OF DEATH	- 4110 61
/)03	SINA CA	LOARAR	0	1-19-196	7 10:25 H.M.
3. PLACE OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE IWhere	e deceosed lived. If in:	stitution: residence before odmission)
FULL NAME OF (If not in hospi	tol or institution, give st		Magula	1-1	2.8-41
HOSPITAL OR oddress or local		ireei	C. CITY OR TOWN (If outs	side city limits, write R	RURAL and give township)
INSTITUTION			R-11.		TO WITE ONLY GIVE TO THE MEDITAL PROPERTY OF THE PROPERTY OF T
100 10	,			urol. give location)	
10 GOULD CONV	ALESARIUM		Call 1 1	1 March	1.10
			2316 FIDERT	4 HEIGHTS /	HVE
5. SEX 6. RACE	7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	8. DATE OF BIRTH	ost birthday)	Months Doys Hours Min,
remale white	Midou	ved	9-1-1877	79	
OA, USUAL OCCUPATION (Give kind of v		NESS OR INDUSTRY	11, BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retire	(0)		7-6-1		2100
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AP	USA
1			14. MOTHER'S MYAIDEN NAM	A E	
Huciello			Samo		
5, Was Deceased Ever in U. S. Armed Yes, no or unknown) (If yes, give wor or c	Forces? 16. S	OCIAL	17. INFORMANT		ADDRESS
A.	A.	ECURITY NO.	7 111	10 - 12	10101
No	///	INE	Thomas Alder	1-1208 DR	ANOTORD NO
18.4-201/		CAUSE O	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION		(1)	4	0.0.0	t 00
LEADING TO DEAT		Valcu	rent myoco	irdial inta	rdlor Thours
(This daes not mean the made heart failure, asthenia, etc. It med	or ayıng, e.g., ans the disease.	DUE TO			
injury or camplication which caus			ti of	10.1 00 1	411
ANTECEDENT CAUS	SES	(B) / /	maular /	willar	LOW
DISEASES OR CONDITIONS,	if any, aivina	00010	. 0 0.06	1.11	
rise la lhe above cause (Corter	ascleratio lar	dio ascule	ar disease
UNDERLYING CONDITION last.					
, II					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R					
DISEASE OR CONDITION CAUSIN	G 17.				
19A. DATE OF OPERATION 19B. C	ONDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. C WAS F 21A. ACCIDENT WAS UNDERLYING			no	cenii iii o ca	Jaca of Death.
OR CONTRIBUTING CAUSE OF		E OF INJURY (e.g., in	fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exoct locotion)
▼ DEATH (notify medical examiner)	etc.)	n, roctory, sheet, or	ince sings, indicate occor.		
21D. TIME (Month) (Doy) (Ye	or) (Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJU	IRV OCCIIR?	
S OF INJURI	While At			JKI OCCOK:	
(APPROX.)	Work	At Work		0	
22. I certify that (1) (shie hospi	tal) attended the de	ceased fram	July 9 1	960 10	11 Ly 15 1967
that (1) (we) last saw the deced		1,8,1	IC MM	men 1	
		Cay of	1.5.19.64 and the	ir in (my) (con pir	nian death accurred an the date
and have and fram the causes s	stated abave. (1)) (did) (did nat) v	iew the bady after death.	· ·	
23A. SIONATURE	000		\$ /		28B DATE SIGNED
Kili Mari	med	M.D. Atte		Stoff Phys.	Jacy 21, 19/01
23C. HYSICIAN'S NAME (Type)	0 0 - 0 -		23D. ADDRESS		V (1) 50
LNAME (Nobe) HAD	ani n	M.D.	1140111-1	00. Ot	2 H
T CILL OF THE	UULD		TIVOTTANIA	a road t	70 MMOU 2121
AA. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME o	I CEMETERY of CRI	MATORY 124D. LC	CATION (Cit	Ty, town, or county) (Stote)
Burga L. 7-19-	67 LADDE	ine Con	eteri Ph	1+, mion	Md
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REC	SISTRAR	25C. JUNERAL DIRECTOR	MILLIAC,	ADDRESS
JUL 21 1967	DO B	For Chic MA	Elle all 1	longest 1	Walleheat Urtha
	APOSTO -	Albania.	Ellawakth H	MINCON -4	GOOLIDERIY MONTS
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RIDT	н но. 67	6978 CERTIFICA	HEALTH DEPARTMENT	Registered Na	67 6978
M.E	07102 1101	OUTO CERTIFICA		AND HOUR OF DEATH	
	e or Print) DIGGS	, GEORG	E A. 7	-16-67	625 PM
3. P	LACE OF DEATH IN BALTIMORE, MARYLANI		4. USUAL RESIDENCE (WA. STATE B. CO		stitution: residence before admission)
	ULL NAME OF (If not in hospital ar instit	ulian, give street	Md.		1100 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1
	Lutheran Hosp	al Mel Tue	0 - 11	outside city limits, write R	6 STA
	Lutheran 1703P	of Ma., 240	D. STREET ADDRESS	(If rural, give location)	aland Cd
5. S	EX 6. RACE 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	MC	Separated (specify)	9-5-1906	lost birthdox 60	Manths Doys Haurs Min.
	USUAL OCCUPATION (Give kind of work 10B, KI eduring most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	oreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13	PaiNten Dn	ydock Co.	HOUSON	12.	d.S.A.
30	Allen D. A. and		21 11		
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	γ	ADDRESS
164	WA	SECURITY NO.	Marcie Nie	AS HILE.	Lacavett PAN
	18.4 2011	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Au	ute Myoc	ardial In	Narction LT
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the di	sease.			
	injury or complication which caused death. ANTECEDENT CAUSES	(B) Cov	onary Tl	womfos,	s LTHr.
	DISEASES OR CONDITIONS, if any,	giving DUE TO	h	L' (ho. Unlenow
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	jerios cjerc	Disease	ub. uarea.
7	11		VICT NO PE	<i>p</i> 13203	* *************************************
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
IFIC/		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE !	FINDINGS CONSIDERED USES OF DEATH?
CERTIFI	21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Baltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, farm, foctory, street, o	ffice bldg., INJURY OCCUR	?	
LA.	21D. TIME (Month) (Day) (Year) (House			INJURY OCCUR?	
×	(APPROX)	While At Not Whi Wark At Wark		. 7	7 11- 12
	22. I certify that (f) (this hospital) ofter	7 16	1-16	19 6 ta	1-16 19 61
	and hour and from the gauses stated about	e on			nian death occurred on the date
	23A. SIGNATUR	aves by (we) (did) (did not)	view life body dilet deal		23B, DATE SIGNED
	Kottoner	M.D. Att		Staff Phys.	7-16-67
	23C. PHYSICIAN'S NAME Type) R. DUREZA	M.D.	Clo Lut	heran H	DIP
24A	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY or CR			ty, tawn, ar county) (State)
1	REMOVAL (Specify)	Me. Caluan	Canada	Dune A	upollo md
25A	DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAL	250 FUNERAL DIRECT	TOR OO. 2	ADDRESS
1.15	ANT ST 1901 (5 CP.P.	E, StallerM	Mandalphyd	eollick 243	16. Oliver St.
A 2	150-REV. 1/1/65				



BIRTH NO.	67	7 697		TE OF DEATH	Registered N	. 67 6979
N.E. CASE NO. I. NAME OF DEC	eis. Andrew	Inline			AND HOUR OF DEAT	7:00 P.
	ATH IN BALTIMORE, MA			4. USUAL RESIDENCE (W	here deceased lived. If	f institution: residence before admission
FULL NAME O	F (If not in hospital oddress or location	or institution, g	give street	Maryland c. city or town (if	- Baltimo	
BOLTON	HILL NURSING	CENTER		Baltimore	Of rural, give location	RURAL and give township
4				914 North Ch		t
SEX	6. RACE		NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. (f Under 24 Hrs Months Days Hours Min,
Male	White	Married		12/3/93	73	
A. USUAL OCC	UPATION (Give kind of work working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	e Salemen	Bysen	hardt Produce	Baltimore		USA
FATHER'S NA	ME	-		14. MOTHER'S MAIDEN N	IAME	
Weis, J				Fisher, Ced	celia	1- 12 2
es,no or unknown	Ever in U. S. Armed For	ces? s of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			216-32-7861A	Krances E. We	is 91/ N Che	ester Street
18. /	TXI		CAUSE O	F DEATH	20 /24 11 011	INTERVAL BETWEEN ONSET AND DEATH
heart failure, injury ar con	nat mean the made af asthenia, etc. It means application which caused ANTECEDENT CAUSES	the disease,		estive heart fa		
rise la th	OR CONDITIONS, if a bave cause (A) G CONDITION last.			000000000000000000000000000000000000000	***************************************	
UNDERLINA						
TO THE D	IFICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
19A. DATE OF		DITION FOR W	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTE	NT WAS UNDERLYING DING CAUSE OF medical examiner)		e, form, factory, street, of	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	((f in Bo(tim	nare City, give exact lacation)
21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
(APPROX.)	/	Whil	le At Not While			
22 1	41-4 (1)/(41-1			7-11	10 (7	7 - 76
	that (V) (this hospital		and the second second		19 67 10	
	last sow the decease		•	19 6 C and	that In (my/ (our) o	ppinian death occurred an the de
ond hour one	d from the causes stat	ed obove. (J)	(We) (dld) (did nat) v	iew the body ofter deat	h.	
23A. SIGNATI	IRE MAN	111	0,			23 B. DATE SIGNED
	Meword	7 (M.D. Atte	nding Med. Director	Stoff Phy s.	7-20-67
23C. PHYSICIA	in's ype) M.D.	2431 WARL	JANO AN	ENUE
A. BURIAL CRE	MATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE	7.701		(City, tawn, or county) (State)
Buria	l July 24	. 1967 F	loly Redeemer	Cemeterv	430 Belair	Road Md
A. DALLIECO	1 15874 8 Ce	25B. NAME O	F A GISTRAR	25C FUNERAL DIRECT		ADDRESS ADDRESS
150-REV. 1/1/	65			17	-0-0000	- L MURCH



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributi shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased pr	THE STATE OF THE PROPERTY OF T
	This certificate must be all the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death)	

1	0	CO COO BALTIMORE CITY HEALTH DEPARTMENT	CM C000
56	ched Ched	BIRTH NO. M.E. CASE NO. 67. 6980 CERTIFICATE OF DEATH Registered No.	67 6980
tal and f death		1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 7. DATE AND HOUR OF DEATH	stitution; residence before admission)
a hospita	(5) and dec	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) (If outside city limits, write R	9.a.Co
_	5 £ .	38 UNIVERSITY HOSPITAL D. STREET ADDRESS (III rulo), give locations BOX PA Rt 301	and 52 -00
h occurred in	ermined regular eased p	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORGED (specify) 11/2 100 lost birth 66	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
eath o	ndeteri s in re decea	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working fife, even if retired)	12. CITIZEN OF WHAT COUNTRY?
if d	d; (4) Undet th was in on the dec	13. EATHER'S NAME ROBINSON (C) Himm HISTOR	
assistant if the di	kind deat nce o	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	ADDRESS
or his as	f any nced anda d or	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH ASCVD=CHF	INTERVAL BETWEEN ONSET AND DEATH
	a S a E	(A) (This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which caused death.)	rgians
examiner.	m _ E	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the (C) Perlmany Embolics	12 Laurs
f medical	- F E	UNDERLYING CONDITION Iast. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
hie a	Body the ysic	disease or condition causing it.	INDINGS CONSIDERED USES OF DEATH?
9 0	he he	OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., INJURY OCCUR?	City, give exact locotion)
ved	- w 70 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Work At Work 21F. HOW DID INJURY OCCUR?	
appro	0 6	that (1) (we) last saw the deceased alive an 7-19 19 6 1 and that in(my) (aur) aptr	nian death accurred an the date
must be	ident of hospital o death) I must b	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after deoth. 23A. SIGNATURE M.D. Attending Med. Director Phys.	23B. DATE SIGNED 7-19-67
0	A. at a l prior to	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. UNIVERSITY	LOSP BAIT
certificat body was	E . D 0	Bunal 7/24/67 MI Ruburn Balton	
This	shows: was D.C decease written	JUL 21 1967 Poles E. Falleria 25C. EUNERAL DIRECTOR 25S. NAME OF REGISTRAR 25C. EUNERAL DIRECTOR 25C. EUNERAL 25C.	e 661W Barre
		V3 13U*REV, 1/1/03	

MILOSOFT LASSOLING ASCVOZENF Typose Palmonary Embelia 12 hours Chartroly to Liholaus \$1-E L9 L9 81-L 7-14-63 UNIVERSITY HOSP, BHE

67, 6981 BALTIMORE CITY HEALTH DEPARTMENT K-46 Z BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 67 6981

M.E. CASE NO.
1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR PRONOUNCED DEAD
HELEN HELEN July 20, 1967 10:00 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and the state of the
HOSPITAL OR (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If autside corporate limits, write RURAL and give township)
INSTITUTION Baltimore 3-02
916 E. Pratt Street D. STREET ADDRESS (If rurol, give lacotion)
916 E. Pratt Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF DIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H
WIDO WED, DIVORCED (specify) last birthday! Manths, Days, Haurs, Min
Female White W/00W /2-24-/9// 56
10A. USUAL OCCUPATION (Give kind of work) 0B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoke of foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE VIRG-INIA USA
13. FATHER'S NAME
CLIFFORD HARGISS UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, na ar unknown), (If yes, give war or dotes of service) SECURITY NO.
NA DEVAN 1117 CALLETT
11B. CAUSE OF DEATH INTERVAL BETWEEN
ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic Cardiovascular Disease
(This does not meon the made of dying, e.g., DILETO
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
UNDERLYING CONDITION LAST.
0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
OF TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 10
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?
₹21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or about 21C. WHERE DID. (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- Nome, form, foctory, street, office bldg., INJURY OCCUR? etc.)
T T T T T T T T T T T T T T T T T T T
21D TIME (Month) (Doy) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WHILE AT WORK
22.
I certify that I held an Inquiry Inspection Autopsy and that an this basis, death In my apinion
resulted from: Natural causes Accident Suicide Homicide Undetermined manner
ACTUAL ALL DATE SIGNED
SIGNATURE MAND, ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 7/21/67
NAME (Type)
23A, BURIAL CREMATION, 23B, DATE 23C, NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)
Property of both & sall and Date man = MA
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS
100 05 1007 0 - 0 7 0
JUL 21 1961 P. P. B. E. Sandan M. T. L. IN W/2 65 P. W. Carl Land
JOHN WEDER FOON INC.

	BALTIMORE CITY	HEALTH DEPARTMENT		0000
BIRTH NO. 67 698	CERTIFICA	TE OF DEATH	Registered Na.	67 6982
M.E. CASE NO.			HOUR OF DEATH	
Type or Print HUL EdwARd	Chenowith.	Sr. 7-19	9-67	2:13 PM.
B. PLACE OF DEATH IN BALTIMORE, MARYLAND				tution: residence before admission)
FULL NAME OF (If not in hospital or institution	on, give street	md.		
HOSPITAL OR oddress or location)	on, give onou	C. CITY OR TOWN (If outsi	ide city limits, write RUI	RAL and give township)
	1/ 20	13ALTO	2/2/0	4 21-47
UNION MemoRina	L WOSP.		urol, give location)	
		3/12		
M W WIDO	Married	4-19-06	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Aonth's Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
Const. ENGineer Br	1110. G. & Elec	· md.		9.5. A.
3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	E	
HARRY Chenowi	th	Roseanne	2 HOFF	Snyder
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or walking wn)(Iff yes, give war ar dates of service)	16. SOCIAL	17. INFORMANT	1 40	ADDRESS
The state of the s	213-05-6557	Mrs. Chris	Tina Cheno	with Summer
18. // 2 / 1	CAUSE OF		Tirra Cheno	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	4		-4 .	ONSET AND DEATH
LEADING TO DEATH	(A) My	forandial influ	cher ace	Le .
(This does not mean the mode of dying, of heart failure, asthenia, etc. It means the disease	.g.,			
injury or complication which coused death.)	- arde	inclustry con	onery Theor	le:
ANTECEDENT CAUSES	DUE TO	0.030000	Juca	V-V
DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating			. 0	x K. (0)
UNDERLYING CONDITION last.	(2 /			
_ II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No)]	20B. IF YES. WERE FIN	IDINGS CONSIDERED
198. CONDITION FOR WAS PERFORMED WAS PERFORMED WAS DESCRIPTION TO THE WAS UNDERLYING		Yes	IN CERTIFYING CAUS	ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, street, aff etc.)	ice bldg., INJURY OCCUR?		
O 21 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not White			
	Work At Work	2-16-62		- 15-62 30
22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive of) 10		17-6,
			t in (my) (dur) apinio	an dearn occurred on the date
and hour and fram the couses stoted obave	e. (I) (we) (did) (did nat) vi	ew the body offer death.	12	3B, DATE SIGNED
	is and M.D. Atter	nding Med.	Stoff Phys.	7-19-67
23C, PHYSICIAN'S		Director F	fhy s.	1116/
NAME (Type)	M.D.			
FRANK PALMIZANO 24A. BURIAL CREMATION, 24B. DATE 240	C. NAME of CEMETERY OF CRE	THE UNION ME	EMORIAL HOS	Stewn, TrALunty) (State)
REMOVAL (Specify)				
	Moreland Memoria		Baltimore,	Md. ADDRESS
	A G TA DAME	Leonard J. Ruc	k. Inc. Relt	
JUL 21 1967 (Que	b E, Farbura	J. Mary	ng Anos Dale	O THE STATE

A FALL TA

The state of the second st

	BALTIMORE CITY	Y HEALTH DEPARTMENT	0000
	TH NO. 67 6983 CERTIFICA	ATE OF DEATH Registered No.	67 6983
1.1	AME OF DECEASED	2. DATE AND HOUR OF DEATH	10
(Ту	De or Print) ELLA M. HIEBLER	7-20-6	7 1 5 - A.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	titution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street		imore G
	HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RU RM T 100 PF 2123)	
	3 / MERcy Hospital	D. STREET ADDRESS (If rurol, give location)	5 3 -00
	, , , surger and supplicati	8705 EMGE R).
5. !		8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs. Months: Doys Hours Min,
	F White WIDOWED (specify)	11-22-92 lost birthdoys	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY eduring most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
10011	Housewife	Maryland	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM MYERS	MARY CLARK	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,noorunknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT /	ADDRESS
	No	Lester W. Hiebler	(Same)
		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute Renal Failure	hanne
	(This does not meen the made of dying, e.g., DUE TO	man vanat micerie	nours
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		1
	ANTECEDENT CAUSES (8)	(I neumonia	Tons.
	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)	reinoma of Breast & pros	bable means
	UNDERLYING CONDITION lost.	tastases (scatdiagnosed by	
7	II 7	issue hispaly)	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
ERTIFICATIO	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED
RTIF	mone WAS PERFORMED	IN CERTIFYING CAU	SES OF DEATH?
AL CI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of	in or about 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact locotion)
DICA	DEATH (notify medical examine) no etc.)		
MEC	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Horwin	21 F. HOW DID INJURY OCCUR?	
-	(APPROX.) Work At Work		2
	22. I certify that (I) (this hospital) attended the deceased fram	19ta	uly 20 19 67.
	that (1) we) last saw the deceased alive an fully 7	0 19 6 7 and that in (my) (aur) apin	lan death accurred an the date
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE Dean M. M.D. AH	tending Med. Stoff	7/20/67
	23C. PHYSICIAN'S	23D. ADDRESS	
	Jean M. Chrone M.D.	Mercy Hospital	
24/	BURIAL CREMATION, 1248, DATE 124C, NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City	town or county) (Stote)

Plee & Farley M. JUL 21 1967

7/24/67.

Moreland Memorial Cemetery

Leonard J. Ruck, Inc. Balto. Md. 21214

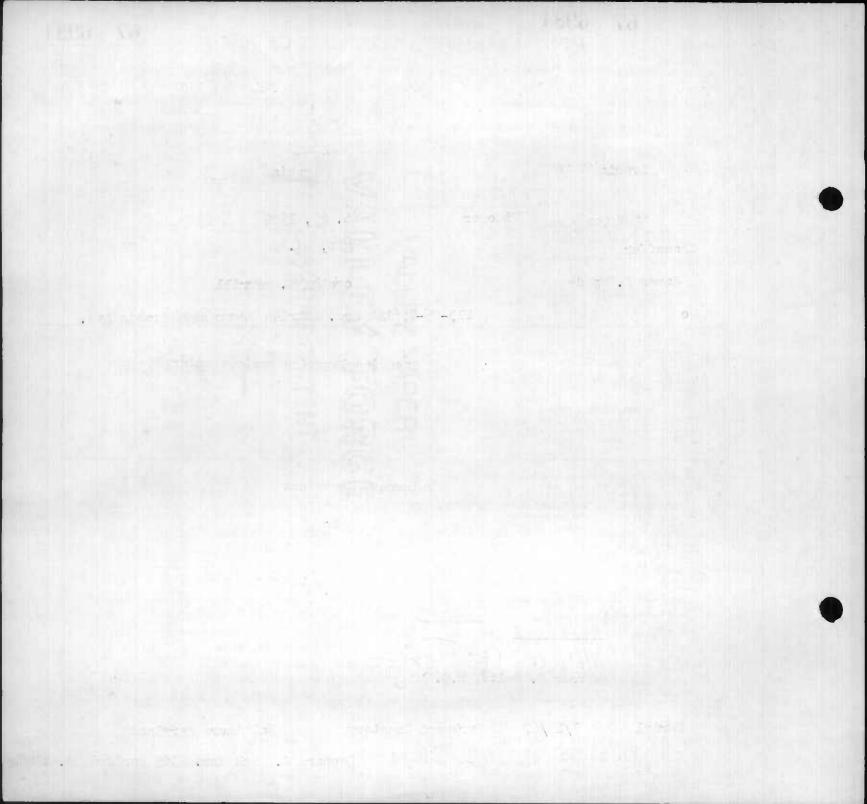
Baltimore, Md.

VS 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

Mercy ret bid will neithe Commence of livery is preside you had or park Les Montes I see that the second second to be the s the median of the median

(Ťy _i	E. CASE NO.	FASED				2 DATE AND	HOUR PRONOUNC	ED DEAD	
	NAME OF DECI pe or Print) JOHN	LASED	W,	WADE			y 20, 1967		:45 A,
11		MORE, MARYLAND, WI	,	NCED DEAD	4. USUAL RESID	ENCE (Where de	eceosed lived. If inst	itution: residence	befare odmissian)
HO	LL NAME OF	(IF NOT IN HOSP)TA ADDRESS OR LOCA	L OR INSTITUTION)	TION, GIVE STREET	Maryla c. city or to	WN (If outside	corporate limits, write	RURAL and give	7-02
00) 4405	Tabia Avenu	e		D. STREET ADD	ress. (U rurol, q	Avenue		
5. S		6. RACE	7. MARRIED, I WIDO WED, D Wido	NEVER MARRIED IVORCED (specify)	8. DATE OF BIRT		9. AGE (In years lost birthday)		If Under 24 Hrs. Hours Min.
10A	Male USUAL OCCU	White PATION (Give kind of work		BUSINESS OR INDUSTRY	Sept. 29	State or foreign		12. CITIZEN OF	
done	Chaueff	grking life, even if retired)			Shaft,	Md.		USA USA	UNIKY?
13.1	FATHER'S NAM	E			14. MOTHER'S M	AIDEN NAME			
		F. Wa de			Doroth	y E. Mer	rill		
	s, no or unknown),	O EVER IN U.S. ARMED (If yes, give wor or dote:		16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	No			213-05-7961	A Mrs. S	hirley H	Brown 4405		
	18. 4-2	22/1		CAUSE	OF DEATH				RVAL BETWEEN ET AND DEATH
	DISEAS	E OR CONDITION DIE	RECTLY	Araba		tio Cand	ious souler	Discosso	
	(This does no	ot meon the mode of osthenia, etc. It meons	dying, e.g.,	(A) Arte	riosciero	tic card	iovascular	Disease	000000000000000000000000000000000000000
	injury or com	plication which coused	deoth.)						
	A	NTECEDENT CAUSES	5	/ D)					
	RISE TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) ST	NY, GIVING	DUE TO	***************************************				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
z	UNDERLYIN	G CONDITION LAST.		(C)	***************************************				
CATION		II -							
[]	TO THE E	IIFICANT CONDITIONS DEATH BUT NOT REL CONDITION CAUSING	ATED TO TH	Pulmon	ary Emphy	sema			30
CERT		OPERATION 198. CON WAS PERI		VH)CH OPERATION	20A. AUTOPSY		OB. IF YES, WERE FIN CERTIFYING CAU		DERED
	UNDERLYING UTING CAUS	OR CONTRIB-	21 B. P hame, etc.)	form, foctory, street,	in or obaut 21C. \ iffice bldg., INJUR	WHERE DID (IF	in Baltimore City, gi	ive exoct location)
EDIC								4	
MEDIC	21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Year	w	E. INJURY OCCURRED	WHILE	OW DID INJUR	RY OCCUR?		
MEDIC	OF INJURY (APPROX.)	(Month) (Doy) (Yeor	m. W	HILE AT NOT AT W	WHILE ORK		basis, death in r	my opinian	
MEDIC	OF INJURY (APPROX.) 22.		m. W	HILE AT NOT AT W	opsy an	d that an this			
MEDIC	OF INJURY (APPROX.) 22. I certi	ify that I held an I	m. W	Inspection X Au	while ork on an	d that an this ide Ur EDICAL EXA	basis, death in radetermined mann	er 🗌	TE SIGNED
MEDIC	OF INJURY (APPROX.) 22. certiform cer	ify that I held an Interest from: Natural case	nquiry Duses X A	Inspection X Au	while ork or one or hamic	d that on this ide Ut EDICAL EXA	basis, death in randetermined mann	er 🗌	
MEDIC	OF INJURY (APPROX.) 22. certiform result ACTUAL SIGNATU EXAMINI NAME (T	ify that I held an Interest From: Natural case URE Werner Type)	m. W	Inspection X Auccident Suicid	while ork or one	d that on this ide Ut EDICAL EXA EDICAL EXA	basis, death in randetermined mann MINER MINER MINER AMINER AMINER	DA 7/20/6	57
WEDIC	OF INJURY (APPROX.) 22. certiform result ACTUAL SIGNATU EXAMIN	JRE Werner Type) MATION, 238 DATE	m, wonquiry Uuses X A U. Spitz	Inspection X Au	while ork or one	d that on this ide Ut EDICAL EXA EDICAL EXA	basis, death in randetermined mann MINER MINER MINER AMINER AMINER	er DA	57
Z3A REA	OF INJURY (APPROX.) 22. certicle certic	JRE Werner Type) MATION, 238. DATE	m. W	Inspection X Auccident Suicid	while or	d that an this ide Ur EDICAL EXA EDICAL EXA EDICAL EXA EDICAL EXA	basis, death in randetermined mann MINER MINER MINER AMINER AMINER	DA 7/20/6	(Stote)



FUNERAL DIRECTOR: IMPORTANT	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	-
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	-00
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	-1
written approval must be obtained before the remains are embalmed or final disposition is made.	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CHARLES C. SCHMIDT. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before of mission) MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION BALIIMORE Union Memorial Hospital D. STREET ADDRESS BAGLEY COURT 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. , If Und Months: Doys : Hours If Under 24 Hrs. Hours Min. 5. SEX WIDOWED, DIVORCED (specify) WIDOWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) uring most of working life, even if retired) Transfer Co. MARYLAND USA. RETIRED 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME JUNG 15. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL (Yes, no or unknown) (If yes, give 16-01-3454 SAME No DECEASED CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MIOCARDIAL INFARAL. (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE RRHOSIS DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION RESPIRATORY IN CERTIFYING CAUSES OF DEATH? ASSIS TAMCE 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (1) (this hospita)) ottended the deceased from.... 1967 10 19 6 7 and that ir((my)) (our) opinion death occurred on the date that((1) (we) lost saw the deceased alive on... and haur and from the couses stated above. ((1))(We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. 23C. PHYSICIAN'S THE UNION MEMORWAL HOSPITAL NAME (Type) DR ENRIQUE CIPRIANI 24A. BURIAL CREMATION, 248. DATE 24D. LOCATION 24C. NAME of CEMETERY of CREMATORY (City, town, or county) REMOVAL (Specify) Gardens of Faith Cemetery Burial 7/24/67. Baltimore. Md. 258. NAME OF REGISTRAR 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS

Leonard J. Ruck, Inc. Balto. Md. 21214

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THE LO B HEROMAL SPITAL

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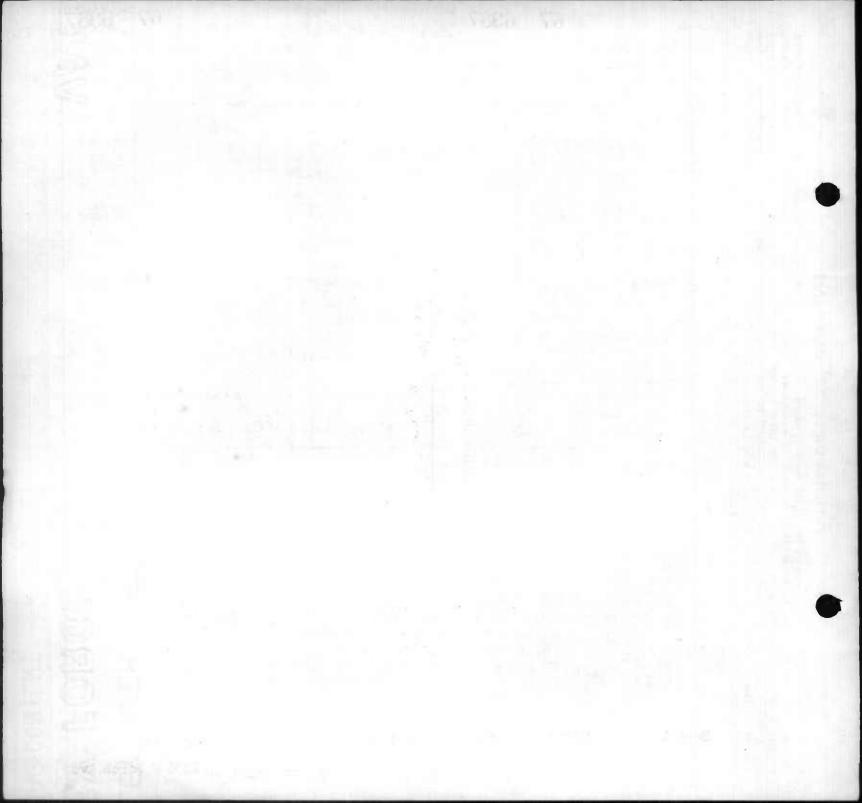
A 7 7 31)

67 698	BALTIMORE CITY	HEALTH DEPARTMENT		CM C000
BIRTH NO.	CERTIFICAT	TE OF DEATH	Registered Na	07 6986
M.E. CASE NO. 1. NAME OF DECEASED Grimaldi	Mariano	2. DATE AN	10 HOUR OF DEATH	4 55/5
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, oddress or location) INSTITUTION	give street	A. STATE B. GBN C. CITY OR TOWN (1) OU	te deceosed lived. If install the stall the st	Ball () () () () () () () () () ()
3 Johns Hopkins	Crospirari	D. STREET ADDRESS (IF	Philade	pha Rd.
M Windows	D, DIVORCED (specify) arried	2 90 Jates	72 753	IP Under 1 Yr. ff Under 24 H Months Doys Hours Min.
Construction	ons buches	1. BIRTHPLACE Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
Domenico Grima		4. MOTHER'S MAIDEN A	Rose Fior	ini
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO	7. INFORMANT Mrs. Maria D. (Grimaldi	(Same)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g.	CAUSE OF	Cardiac a	rrest	INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. If means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.	(B)	1 ulmo my	embolus	~ 8 hr.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTINTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		ic bronchi	hs	
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	B. PLACE OF INJURY (e.g., in me, form, foctory, street, office,)		(If in Boltimore	City, give exoct locotion)
U OF INJURY	ile At	21F. HOW DID INJ	URY OCCUR?	1
22. I certify that (I) (this bespital) attended that (I) (we) last saw the deceased alive an	July 20	19 67 and th	at in (my) (of) apinl	an death accurred an the de
23A. STENATURE 23C. PHYSICIAN'S	M.D. Atten-		Staff Phys.	7 30 67
NAME (Type J.S. Urbanett	M.D.	Johns 1	topkins 14	ospital
24A, RIIRIAL CREMATION 1248 DATE 1240 N	ARAF OF CERAFTERY CAPA			1 1 1 10
Entombment 7/24/67. Lor:	ame of cemetery of creating Park Maus of registrar		Baltimer	town or county) (Stote) ADDRESS

Crimid, Murano 72067 10169 11.8 B.H. Interes confered andal 8125 Philadelphia KD 5 30 97 73 Construction Comstruction 2.U ? WALL Property of the same . Carline arrest Pulsmerany embolis ~ 8 his Chame browning July 20 De WILL SO 100 00 F X J.S Lethaneth Johns Hopkins Hospital the state of the second MARK BY AND AND THE STREET

FUNERAL DIRECTOR: IMPORTANT	ECTOR:	IMPOR	TAN			
This certificate must be approved by the chief medical examiner or his assistant if death occurre the body was released to the hospital by a medical examiner. Also, if the direct or contributions	examiner xaminer.	or his ass Also, if 1	istant he dir	if dec	oc uth	curr
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermine	Who pro	e of any	kind; (4) Unc	in rec	nine
deceased prior to death); and (6) No physician was in regular attendance on the deceased	regular	attendan	ce on	the d	eceas	ed

	67 6487	TY HEALTH DEPARTMENT	67 6987
M.E	E. CASE NO.	ATE OF DEATH Registered No.	
	DE OF DECEASED DE OF Print JOHN HERRING-TON	2. DATE AND HOUR OF DEATH	
3. I	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before ad
	FULL NAME OF (If not in hospital or institution, give street	677 W. Franklin	Street
-	NSTITUTION	C. CITT OR TOWN (If outside city limits, write	RURAL and give township)
(somewersty Haspital	Baltimere, Mal	. //-
	38	O. STREET ADDRESS (II 1010), Type 100011011	
5. S	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under Months Doys Hours
	M N Single	Undrown 49	
	. USUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTR e during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		(USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Chart.	
		OF DEATH	INTERVAL BETW ONSET AND DE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	Querina CAIS Danning	11,000
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease,		
	injury ar camplicolian which coused death.)	A 0 0 10 4	
	ANTECEDENT CAUSES	ung states epitepte	<u> </u>
	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the UNDERLYING CONDITION last.	ung stalus epilepte I correquent CNS delest	alin
	UNDERLYING CONDITION Iasi.	U	7
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4	
ATIO		nown.	
U	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED SULP DURAL HEMS	Come 20 A. AUTOPSY? (Yes of No) 20 B. IF YES, WERI IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
CERTIF			ore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, factory, street, etc.)	office bldg. JAJURY OCCUR?	.,,
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
M	(APPROX.) While At Not Willow Work Not Work		
	22. I certify that (1) (this hospital) attended the deceased fram	100 87h 1967 to 4	uly 15 19
	that (1) (we) last saw the deceased alive on 3 00 P. Mars for	1015119 6 7 and that in my (aut) ap	pinian death accurred an
	and haur and fram the causes stated above. (1) (We) (did) (did nat)	/	
	23A. SIGNATURE	Mod — Sizii —	238, DATE SIGNED
	V. P. Stutte M. D.	hys. Med. Staff Phys.	1/15/67
	23C.PHYSICIAN'S NAME (Type) M.C	23D. ADDRESS	
		CREMATORY 24D. LOCATION	City, town, or county)
244	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C		city, to wit, or country
1	REMOVAL (Specify) 7/22/67 REMOVAL (Specify) 7/22/67 Mt Calvary Co		
1	REMOVAL (Specify)	emetry A A County	Md

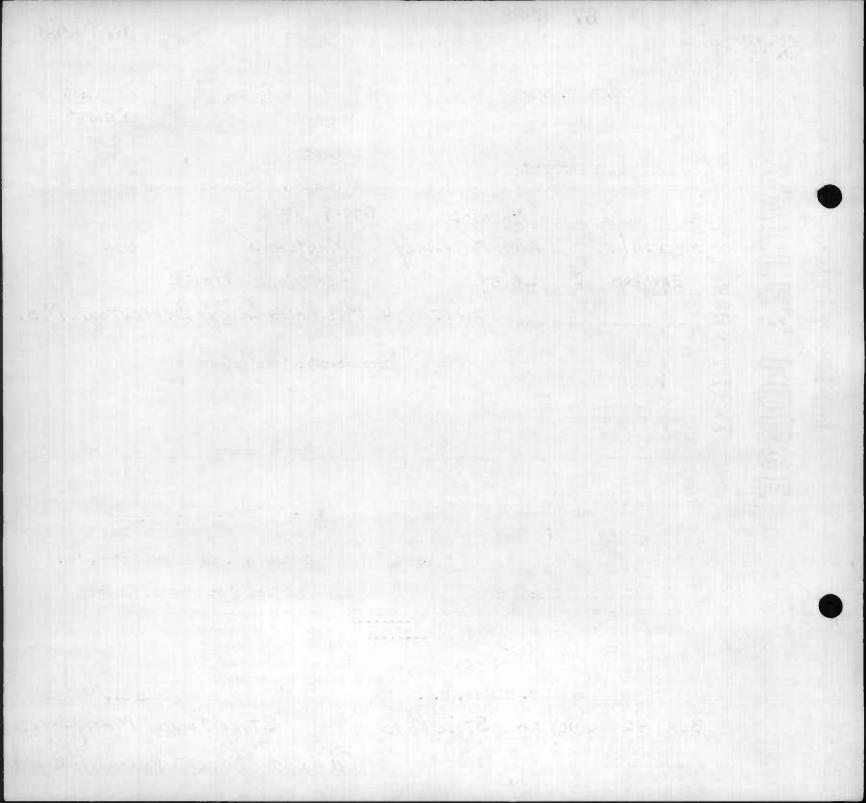


67 6988 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

6988
0000

RTH NO.	MEDICAL EXAMINER 3 C	EKTIFICATE OF DEATH Neg	Istered Id.
A.E. CASE NO.			
NAME OF DECEASED		2. DATE AND HOUR PRONOL	JNCED DEAD
	W LETRY LAND, WHERE PRONOUNCED DEAD	July 16, 1967	11:40 p M.
PLACE IN BALTIMORE, MARY	LAND, WHERE PRONOUNCED DEAD	A. STATE	COUNTY
III NAME OF HE NOT H	N HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	KENT 9
ILL NAME OF (IF NOT II OSPITAL OR ADDRESS STITUTION	OR LOCATION)	C. CITY OR TOWN (If outside corporate limits,	write KUKAL and give township)
-0		Betterton	04-00
3 UNIVERSITY	HOSPITAL	D. STREET ADDRESS (If rurol, give locotion)	
) 0 0		Betterton, Maryland	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	Betterton, Maryland 8. DATE OF DIRTH 9. AGE (In your lost birthdoy)	Months, Doys, Hours, Min.
Male White	MARRIED	Dec. 9 - 1912 54	
A. USUAL OCCUPATION (Give	kind of work 108. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
during most of working life, ever	FARM MACHINERY	MADYIAND	USA
MECHANIC FATHER'S NAME	TAKIN THERINGE	14. MOTHER'S MAIDEN NAME	00.7
	2 12:21	GERTRUDE WHIT	-0
WAS DECEASED EVER IN U.	S. ARMED FORCES? V6. SOCIAL	GERTRUDE WHIT	ADDRESS
s, no or unknown) (If yes, give	wor or dates of service) SECURITY NO.	Mas Paraulat	1 11
	218-05-167	4 MRS. NALPH LEIBY - 1	DETTERTON MIL
18. 9 7 6 3	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND	NITION DIRECTLY		ONSET AND BEATH
LEADING T		Craniocerebral injuries	
(This does not meon the heart foilure, asthenia, etc.	mode of dying, e.g., DUE TO	VAUNAU CA CHAMA	
injury or complication which	h coused deoth.)		
ANTECEDENT	(B)		
RISE TO THE ABOVE CA	ONS, IF ANY, GIVING DUE TO USE (A) STATING THE		
UNDERLYING CONDITION	ON LAST. (C)		
	(0)		
OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING		
TO THE DEATH BUT	NOT RELATED TO THE		
DISEASE OR CONDITION	198, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES, WE	RE FINDINGS CONSIDERED
3	WAS PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
21 A. EXTERNAL CAUSE WA	S 218 PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Boltimore Ci	YES
21 A. EXTERNAL CAUSE WA	- home, lorm, loctory, street,	office bldg. INJURY OCCUR?	64-00
UTING LICAUSE OF DEATH	Hotel	Cellar Md. Hote	el Betterton, MD.
21 D TIME (Month) (D	loy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	67 2.20 WHILE AT NOT	welle X Subject shot hi	mself in face
7 10	6 67 3:30 p WORK AT		
I certify that I he	eld an Inquiry Inspection A	utapsy X and that an this basis, death	In my apinlan
resulted fram: N	atural causes Accident Sulci	de X Hamicide Undetermined n	nanner
		CHIEF MEDICAL EXAMINER X	0.75 (10).50
ACTUAL	12 Montage	D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	M.		
EXAMINER'S	- 11 0 mil	ASSOCIATE MEDICAL EXAMINER	7.1 17 1007
	USSELL S. Fisher, M.D. B. DATE / 23C. NAME of CEMEJERY	or CREMATORY 23D. LOCATION	(City, town, or county) (Stote)
MOVAL (Specify)	23C. HAME OF CEMPER		
BURIAL .	JULY 20 STILL ON	D STILL TO	NO MARYLAN
A. DATE REC'D BY HEALTH		24C. FUNERAL DIRECTOR	ADDRESS /
111! 91 1067	AD R. Q Janua	Ida Id days	-(V. , , D) 7400 V
AOL DI 1981	Toball E, Tabarra	agaron. Make	Church And I
S 151-REV. 1/1/65 /	4 4		1



T-72/1	BALTIMORE CITY HEALTH DEPARTMENT
75705	BIRTH NO. 67 6989 CERTIFICATE OF DEATH Registered No. 07 6509
UR and ase ase th th	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
ALA de la	ARTHUR P. JESTER 7-18-67 11.15 P.M.
O SE O O O O	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE 8. COUNTY
hos use (5)	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location) MARYLAND QUEEN ANN C. CITY OR TOWN (II outside city limits, write RURAL and give township)
Ca	THE JOHNS HOPKINS HOSPITAL CHESTER 21619 67-00
Haring ing att	D. STREET ADDRESS (II rurol, give locotion)
de l'acte	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (specify) 10st birthday) Months; Doys; Hours; Min.
occur ontrib ermin regule eased is mad	MALE WHITE MARKIED (specify) 1-8-98 (ost birthdoy) Months Doys Hours Min.
No do con con con con con con con con con co	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
LUN or c ndet in dec	RETIRED AUTOMOBILE DEALER MARYLAND USA
RNB if d	13. FATHER'S NAME
F + F > - F :	EDWARD JESTER ANNIE WALLS
ANN stant ind; eath eath	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
ORT Sassiss for the ry kind do do do do do do do conce	212-30-1943 MRS. HRTHUR JESTER = CHESTER
S S D O	DISEASE OF CONDITION DIRECTLY CAUSE OF DEATH CAUSE OF DEATH INTERVAL BETWEEN MD.
or hi Also e of noun	CISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO
	heoit foilure, ostherio, etc. It meons the diseose,
O O O O O O O O O O O O O O O O O O O	injuly of complication which coused death.) ANTECEDENT CAUSES (B) MYOCARDIAL INFARCTION 30 min.
CTC Cam	DISEASES OR CONDITIONS, if ony, giving
RAS (9) C Les	uise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.
L DI L Di dical rrns; rrns; rsicia was	
ERAL DIRECTOR: ef medical examiner medical examiner. ly burns; (3) A fractuly physician who pre cian was in regular re remains are emba	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PULMINARY MICICNANCY, RHEMATICHEART DISTANCE
dy a fr	
Book the	11/8/61 ME WALK WORLD BETTON
広直 まっらっ	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR?
STE ON- by t spital whe whe	DEATH (notify medical examiner) etc.) D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
TO DO T TO DE	OF INJURY While AI Not While
S nove	WOR AT WOR
du d	22. I certify that (I) (this haspital) attended the deceased fram 7/12/67 19 ta 1/8/6/ 19 , that (I) (we) last saw the deceased alive an 7/18/67 19 and that in(my) (aur) apinian death accurred an the date
무유 하수 수 의 교육	and haur and fram the causes stated abave (1) We) ((did) (did nat) view the bady after death.
ART FFIC ust be cased dent dent death must I	23A. SIGNATURE 23B. DATE SIGNED
OF O	Tuphun & . Dunitt M.D. Attending Med. Director Phys. Stoff
ERS icate was r An a	23C. PHYSICIAM'S NAME (Type) STEPHEN H. BURNETT 23D. ADDRESS JOHNS HOPKINS ASSPITAL
NEF INEF INEF INEF INEF INEF INEF INEF I	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BC Ody	REMOVAL (Specify)
THE BODY (EXAMINERS This certificate the body was r shows: (1) An a was D.O.A. at deceased prior	BURIAL JULY 21 CRUMPTON CRUMPTON - MARYLAND 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
는 의 라라 아 N N N N N N N N N N N N N N N N N	JUL 21 1967 Robert E. Farley M. 256. NAME OF REGISTRAR Edgard, Lane - Church Till Md
	VS 150-REV. 1/1/65

CARDIAL ARRESTOT

MY CARDINAL IN FAMERING 3C MICH

PRINTINGE MILITARIUSE, BURNOSTERIOS DISCOSSI

THE THE WASHINGTON TO THE PARTY TO

Tephon H. Bernett

Figurate districts

2/4/47

JAMES HIPLONS NOSPITAL

1/17/67

Deceased

Such

death.

esidence before admission

Hours

If Under 24 Hrs.

BIRTH NO. M.E. CASE NO.	67	6990	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered Na.
1. NAME OF DECEASED		One	SWYK DOLERNUK 3. DATE AL	ND HOUR OF DEATH
3. PLACE OF DEATH IN		ND	4. USUAL RESIDENCE (Who A. STATE B. COUI	ere deceased lived. If institution.
HOSPITAL OR	address or location)		C. CITY OR TOWN (IF &	siside city limits, write RURAL o

MAY PILO

SECURITY NO

typelt some our 5. SEX WIDOWED, DIVORCED (specify)

10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY

D. STREET ADDRESS rural, give location) ous 9. AGE (In years If Under 1 Yr.

tost birthdov) BIRTHPLACE (State or foreign country)

55

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY?

Months Doys

d give township)

13. FATHER'S NAME MICK

done during most of working life, even if retired)

COANDOMINE'A

15. Was Deceased Ever in U. S. Armed Forces

(Yes, no or unknown) (If yes, give wor or dotes of service)

UNK 17. INFORMANT

ADDRESS

DENISUK 6722 YOUNGSTOWN A CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made al dying, e.g., DUE TO heart failure, asthenia, etc. It means the diseose, injury as camplication which coused death.) ANTECEDENT CAUSES DUE TO

OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING

19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No)

OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) etc. 21 D. TIME OF INJURY (Hour) (Month) (Doy) (Year) 21 E. INJURY OCCURRED

218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?

21 F. HOW DID INJURY OCCUR?

While At (APPROX.)

Not While At Work

22. I certify that (1) (this haspital) attended the deceased fram.

Ge 7 and that in (my) (aur) apinian death accurred on the date

(If in Battimore City, give exact location)

and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.

Attending Phys. Med. Director 23 B. DATE SIGNED

23D. ADDRESS

CEM

....19.....

24A. BURIAL CREMATION, 24B. DATE

25C. FUNERAL DIRECTOR

APPEL BROSING 1800 F

FLKRIDGE

VS 150-REV. 1/1/65

23A. SIGNATURE

23C. PHYSICIAN'S

NAME (Type

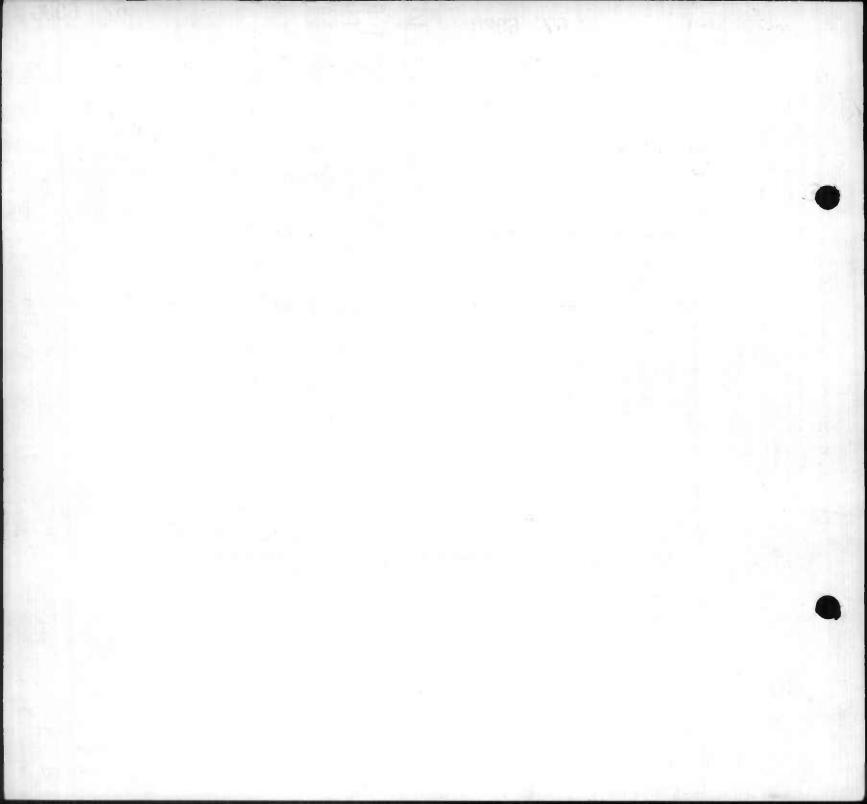
REMOVAL (Specify)

DISEASES

CERTIFICATION

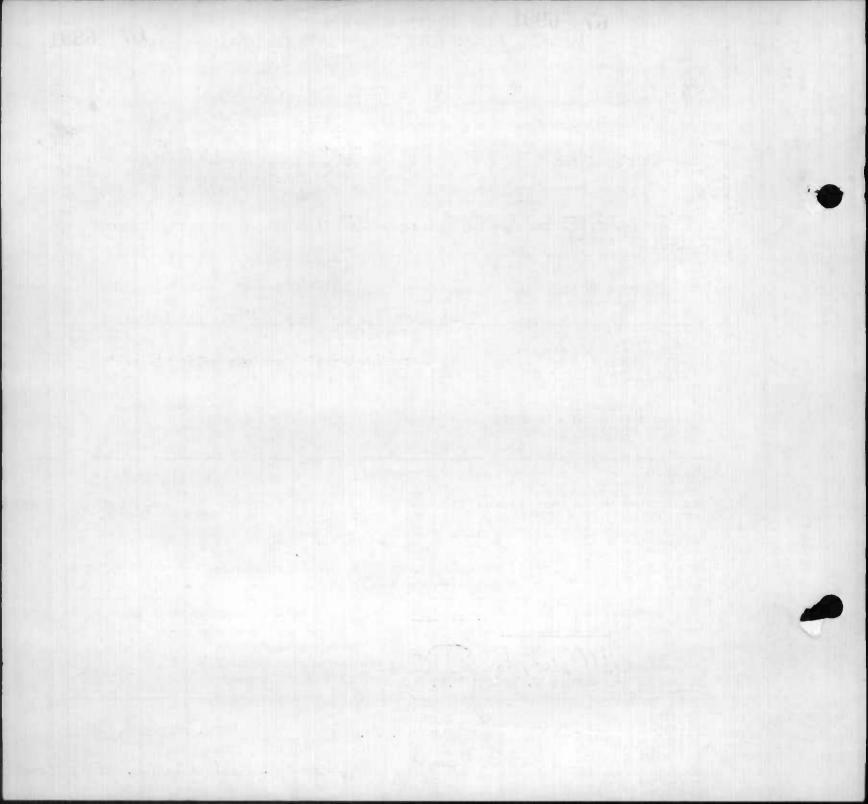
MEDIC

deceased



67 6991 BALTIMORE CITY HEALTH DEPARTMENT
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 7. 6991

M.I	E CASE NO.							
1. I	NAME OF DEC	EASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
	SELMA		V.		ATTS	Ju1	y 15, 1967	11:40 P. M.
3. P	LACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. If ins	titution: residence before admission)
FUI	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	1	Maryland		e RURAL and give town hip)
114.2		nirley Avenue	2			imore ADDRESS (If rurol,	give location)	5-101
-	00				11	39 Shirle		
5. S	EX	6. RACE		NEVER MARRIED	8. DATE OF		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	Ecmals.	27		DIVORCED (specify)	T 7	0 000/	lost birthdoy?	Months Doys Hours Min.
IDA	Female	Negro	LIOB KIND OF	arated Business or industry	July	2 1926	n country)	12. CITIZEN OF
	e during most of v	vorking life, even if retired)					,	WHAT COUNTRY?
12 1	Cashier				Mary	and		USA
13.1	PAINER'S NAM				14. MOTHER	S MAIDEN NAM	t .	
	Thomas				7	Virginia W	ise	
		O EVER IN U.S. ARMEI		16. SOCIAL SECURITY NO.	17. INFORM	ANT		ADDRESS
		, , , , ,			Τ	17.44	777 / T	A
	18. //	13 1		215-24-8675 CAUSE	OF DEATH	Watts	714 Lenn	OX Avenue
	7	~/1		CAOSI	OF DEATH			ONSET AND DEATH
200	DISEAS	E OR CONDITION DE	RECTLY	Artor	iocclor	otic Cord	i over court on	Discord
	(This does n	ot meon the mode of	dying, e.g.,	(A) ALLEI	Tosciei	otic Card	iovascular	Disease
	heort foilure,	osthenio, etc. It meon:	the discose, death.)	00110				
		NTECEDENT CAUSE		(B)				
	DISEASES O	OR CONDITIONS, IF A	ANY, GIVING	DUE TO				
		IG CONDITION LAST.	TAINTO THE					
Z				(C)				
Ĕ		11						
0	TO THE	NIFICANT CONDITIONS DEATH BUT NOT RE	LATED TO T	NG HE				
프	DISEASE OF	CONDITION CAUSING	G IT.	+= **************************				
- CERTIFICATION	19A. DATE OF	OPERATION 198, CON		WHICH OPERATION		OPSY? (Yes or No)	20B. IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?
EDICAL	21 A. EXTERNAL		21 B.	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 2	C. WHERE DID	(If in Boltimore City, g	ive exoct location)
ă	UTING CAU		etc.)	, tonn, lociory, sheet,	mee bidg., II	JUNI OCCUR:		
Σ	21D TIME	(Month) (Doy) (Yea	n) (Hour) 2	TE. INJURY OCCURRED	2	F. HOW DID INJU	IDV OCCIIO2	
	OF INJURY	(Month) (Doy) (rec				II. HOW DID INTO	DKI OCCOK:	
	(APPROX.)			VHILE AT NOT	ORK			
	22.	ify that I held on	nguiry _	Inspection X Au	opsy	and shas an shi	in hante decah in	inlan
							is basis, deoth In	
	resul	ted from: Notural co	usesk	ccident Suicid	e 💹 Ho	mlcide U	Undetermined monn	er
		11110	1 1			F MEDICAL EX		DATE SIGNED
	SIGNAT		us h	7 / M.D	ASSISTAN	T MEDICAL EX	CAMINER X	57.12 5151125
	EXAMIN NAME (ER's Werner	U. Spit			TE MEDICAL E		7/16/67
23 A	BURIAL CRE	MATION, 23B, DATE	23	C. NAME OF CEMETERY	or CREMATO	23D. L	OCATION (City	r, town, or county) (Stote)
	Burial	7-19-	67	Arbutus Mem	Pk.	Bal	ltimore, Ma:	ryland
244	A. DATE REC'D	BY HEALTH DEPT.	-4	Arbutus Mem.	24C. F	JNERAL DIRECTOR		ADDRESS
	JU	L 21 1967 (D. A. D.	. Farbarna				
			open -	A division and	Arl	ington S.	Phillips 1	727 N. Monroe Stree
VS	151-REV. 1/1/	55	7/1					



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	pu	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	ed	l (except where the physician who pronounced death was in regular attendance on the); and (6) No physician was in regular attendance on the deceased prior to death. Such
	approved by the chief medical examiner or his assistant if death occurred in a hospital and	Jea	SDE	+	S
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	0	00	JSe	en	+0
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	be	ed	T +	pit	100
	UST	eds	de	105	p
	This certificate must be	rel	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🦲	a P	10
	ate	SD	D L	+0	rior
	fice	3	A	Y	ā
	Pri	Apo	5 ::	Ö	sec
	Sice	Po	WS	S	ed.
	Thi	the body was released	sho	was D.O.A. at a hospital	deceased prior to death

	67 66	BALTIMORE CITY	HEALTH DEPARTMENT		CD C000
2.7	n NO.	CERTIFICA	TE OF DEATH	Registered No.	67 6992
1. N (Ty)	CASE NO. AME OF DECEASED OF OF PRINTING AND ANYLAND LACE OF DEATH IN BALTIMORE, MARYLAND	mes E	4. USUAL RESIDENCE (Where		1939 P. M.
	ULL NAME OF (If not in hospital or instituli	ion, give street	C. CITY OR TOWN (II outs	IY	Al and give towardist
	usity of Mary	land Hospital	Baltine	urol, give locotion)	7-01
1			806 Te	sier T.	
5. S		NEVER MARRIED WED, DIVORCED (specily)		ost highday	Under 1 Yr. If Under 24 Hrs. onths: Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if retired)	stuction	DAVIS ShotiO	on country)'	C. CITIZEN OF WHAT COUNTRY? USA
13. (Sho Wilso		14. MOTHER'S MAIDEN HAN	AE 3	
	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor or dates al servi	1 6, SOCIAL	17. INFORMANT	1216	ADDRESS
	18. // V / X I	248-10-8374 CAUSE O	17rs. Rovenin	Wilson	NOP 18705 ST
	DISEASE OR CONDITION DIRECTLY	CAUSE O	DEATH	0 .1 -	ONSET AND DEATH
	LEADING TO DEATH	(A) H	apotension (arrhythmia	2 Sus
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the diser				
	injury or complication which coused death.)	. 04	singtion ou	1011111111111	7/13/07
	ANTECEDENT CAUSES	DUE TO	FOLLOW OF PARTY		1.1.1.16.1
	DISEASES OR CONDITIONS, if ony, given ise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the (c) Re	nal failu	re	I days
	-11				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	THE P TO DOOD			Tunant
CAI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	200 AUTOPSY? (Yes or No)	20B. IF YES. WERE FIND	DINGS CONSIDERED
ERTIFIC	1 -1 14 / m WAS PERFORMED	ation		IN CERTIFYING CAUSE	OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, of etc.)	n or obaut 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore Ci-	ly, give exact location)
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not Work		JRY OCCUR?	T 1379/2
	22. I certify that (I) (this hospital) attende		2	967 to	7/19 1967
1	that (1) (we) last saw the deceased alive				death accurred on the date
	and haur and from the causes stated above				
	23A. SIGNATURE	.1 0		231	B. DATE SIGNED
	Dilliam a Sport	M. D. Atte	ending Med. Director	Stoff Phy s.	7/19/67
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		1111/
24A	William A. Scov	M.D.	University of	Maryland CATION, (City, 1	HOSPITAL OWN, Or COUNTY) (Stote)
1	REMOVAL (Specify)	111.11			50
25 Å	DATE REC'D BY HEALTH DEPT. 258, NAA	ME OF REGISTRAR	25C. FUMERAL DIRECTOR	more fitte	1701 AURENS
VS	50-REV. 1/1/6\$		11100 1711 - 1	5-111-11	1101 MANIECUS

22 356 Interior Construction Days Shifting S. C. roelle note THE RESPECT SOUTH WINDOW SILVER THERE ST The at 1 25 65 Kirthe Company Sampley Met. - by H. H. toll I had

RIOT	CM C	OOO BALTIMORE CITY	HEALTH DEPARTMENT		0000
	TH NO. E. CASE NO.	993 CERTIFICA	TE OF DEATH	Registered No.	67 6993
1. N (Typ	PLACE OF DECEASED PLACE OF DEATH IN BALTIMORE MARYLAND	WILLIAM		7 - 19 - 6	7 1145
F	FULL NAME OF (If not in hospital or institu HOSPITAL OR address or location)	ution, give street	M D		
3	UNIVERSITY	NOSP	BALTIM. D. STREET ADDRESS (IF	rurol, give location)	16-0°
5. S	SEX 16. RACE 17. MAI	RRIED, NEVER MARRIED OWED, DIVORCED (specify)	1119 Met B. DATE OF BIRTH D11-2451	9. AGE (In years	If Under 1 Yr. If Under 2 Months Doys Hours A
	A. USUAL OCCUPATION (Give kind of work 10B. KIN the during most of working life, even if retired)		HALLE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHERS NAME TOSEPH /////AMS		14. MOTHERS MAIDEN NAM	ME	nult
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Mr. Suca of 41	Iliams 1	ADDRESS 119 HCKentl
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Irway Obs	, ,	INTERVAL BETWEEN
	(This does not mean the made of dying, heart failure, asthema, etc. It means the distribute are complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	(B) 57 DUE TO	tatus Asth	maticus	13 Lau
ATION	UNDERLYING CONDITION IOSI. II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FII	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact location)
MEDIC	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E, INJURY OCCURRED While At Not Whi Work At Work		URY OCCUR?	
	22. I certify that (I) (this hospital) atten	0	, 7	19 67 ta	7-19 196
	that (I) (we) last saw the deceased alive	, un		at III (iiiy) (oot) aprili	di dedili decorred di fi
	that (I) (we) last saw the deceased alive and haur and fram the causes stated aba 23A. SIGNATURE	ve. (1) (We) (did) (did nat)	view the bady after death.		23B. DATE SIGNED
	and haur and fram the causes stated aba 23A. SIGNATURE PARTICIANS NAME (Type) BAPPRT	M.D. At M.D. And M.D. And M.D. And M.D. And M.D. M.D. M.D. M.D.	ending Med. 23D. ADDRESS UNIVEL.	Stoff -	23B. DATE SIGNED
24A	and haur and from the causes stated aba 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) BURIAL 7-23-67	M.D. At Ph.	ending Med. 23D. ADDRESS UNIVEL.	Stoff Phys. D	

18 ALTIMORE UNIVERSITY 11058 1119 Mattern Ave Batt. Po Formale C More Manual 11-24 - 81 45 Aloway Obstenstion Status Asthmations 13 have 7 Francockerson 11. 21.2 19 BAParkon BARNOY UNIVERSITY KOSP

VS 150-REV. 1/1/65

2	CITY COOM BALTIMORE CITY HEALTH DEPARTMENT
2 III	CERTIFICATE OF DEATH Registered No. 67 6994
ī	A.E. CASE NO. NAME OF DECEASED Type or Print 505/00 . STEVEN 2. DATE AND HOUR OF DEATH 7/20/67 12 0 M
3	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where Deceased lived, If institution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street) A. STATE B. COUNTY Md, RAFT: mare acting
	HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If oulside city limits, write RURAL and give township)
a	George WAShington Noting Hen BALTIMONE (If rurol, give locotion), 6-02
5	636 N. CARey 57.
	SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH, Sort birthdoy, Months Doys Hours Min.
1	0A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
d	lone during most of working lite, even if relired) Loucaster Up WHAT COUNTRY? USA
1	3. FATHERS NAME 14. MOTHERS MAIDEN NAME
	Henry Boslow Love tallerson
1	5. Was Deceased Eve in U. S. Armed Forces? Yes, no or unknown (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.
	18. 24 2 1 CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH (A) BENDEN EL SUR CIVILLEADE
	(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.)
	ANTECEDENT CAUSES (B) PREEMONICA DUE TO
	DISEASES OR CONDITIONS, if ony, giving
	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
1	O 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?
	OF INJURY (APPROX.) While At Not While At Work
	22. I certify that (1) (this hospital) attended the deceased fram 1965 to Jelly 1967.
	that (1) (we) last saw the deceased alive on
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the bady after death.
	23A. SIGNATURE M.D. Attending Med. Stoff
	Phys. Oirector Phys. 23C. PHYSICIAN'S
2	NAME (Type) L. TI) care M.O. 1944 Dried Hell are
2	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Burial 1/23/67 mt Calvary Bruklyn AA, Co Md
2	JUL 21 1967 Registrate & Tollow 12 1
2	Juriello doin - Dallo, ma.

Films 6	BALTIMORE CITY	HEALTH DEPARTMENT	V	67 6995
BIRTH NO. 67-13930 67	CERTIFICA	TE OF DEATH	Registered No	07. 0333
1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) OLES BABY		07-1		12:30 P M
PLACE OF DEATH IN BALTIMORE, MARYLANI		A, STATE B, COUN		stitution: residence before odmission)
FULL NAME OF (If not in hospital or instit	ution, give street	MD.		Ballo, Co
HOSPITAL OR oddress or location)	T A 1		side city limits, write R	RURAL and give township)
ST. AGNES HOSPRI	IAL	D. STREET ADDRESS (III	rurol, give location)	5 3 400
40		1209 DANIEL	S AVE.	
	RRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KI	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
lone during most of working life, even if retired}		BALTIMORE, M	D.	WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
THOMAS		MILDRED PO	LANCO	
5. Was Deceased Ever in U. S. Armed Forces? fes, no or unknown)(If yes, give wor or dates of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		ST. AGNES H	OSPITAL -	CATON & WILKENS
18. 7 7 ()1	CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	A de la companya della companya della companya de la companya della companya dell	famit. 'L		
(This does not mean the mode of dying,	e.g., DUE TO	ematurity	/	
hearl failure, asthenia, etc. It means the di injury or camplication which coused death.		0		
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,				
rise to the above cause (A) stoling UNDERLYING CONDITION last.] The (C)	**************************************		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
li li				
OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO THE			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B, IF YES WEDE	FINDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORME		YES	IN CERTIFYING CA	USES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street,	in or obout 21C. WHERE DID	,	e City, give exact tocolion
DEATH (notify medical examine)	elc.)	mice biogs, majori occor:		
Q 21 D. TIME (Month) (Dov) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Work At Work			
22. I certify that (I) (this hospito) otte	ided the deceased from	JIH Y 17	967 10 JULY	Y 17 19 67
that (1) (ve) lost saw the deceased aliv	• on JULY 17-67			nion death occurred an the date
and hour and from the causes stated ab		view the body ofter death.		
23A. STONATURE				23B, DATE SIGNED
Joila W. Doila	M.D. Att	ending Med. Director	Stolf Phys. X	7-17-67
23C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS CATON & WILK	KENS AVES.	, BALTO., MD.
	24C. NAME of CEMETERY OF CR			ity, town, or countyl (State)
Burial 7/19/67	New Cathedral	Com	Baltimore	Md.
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JUL 21 1967 R.	Cub E. Farbages	Witzke F. D	4101 Edr	mondson Av.
VS 150-REV. 1/1/65				

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EMMA J. SCOTTEN 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDEN (Where Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION Gould Convalesarium Baltimore 6116 Belair Road D. STREET ADDRESS (If rurol, give location) 5126 Harford Road made. B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 5. SEX If Under 1 Yr. Months Doys WIDOWED, DIVORCED (specify) Hours Sept. 29.1887 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? sposition done during most of working life, even if retired) Cardiff, Md. Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh W. Jones Margaret Kirk 15. Was Deceased Ever in U. S. Anned Forces 17. INFORMANT 5126 Harford Rd. 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. J.Ralph Scotten, Baltimore, Md. No CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION IOSI. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFIC 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined MEDIC obtained 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hout) 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (the baseline) attended the deceased from that (1) (last saw the deceased alive and and that In (my) opinian death accurred an the date and haur and fram the causes stated above. (1) (dld nat) view the bady after death. must Attending Phys. M.D. Med. Stoff Director approval Phys. PHISICIAN'S NAME (Type)

258. NAME OF REGISTRAR

7-21-1967

24C. NAME of CEMETERY OF CREMATORY

Slate Ridge

C. FUNERAL DIRECTO

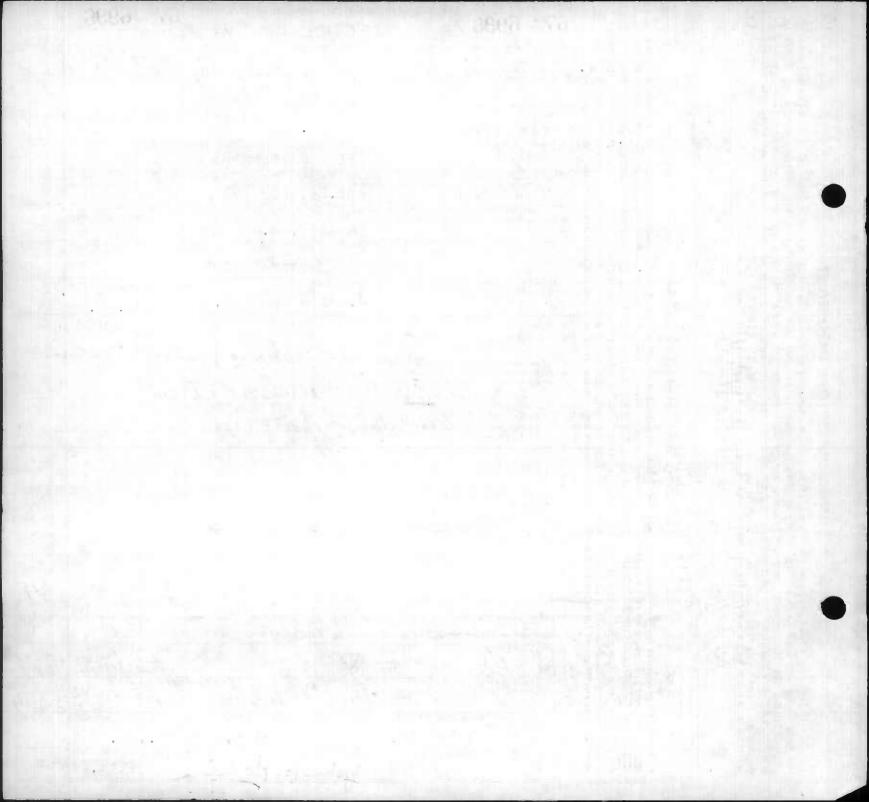
Delta, York Co., Pa.

ADDRESS Delta, Penn a.

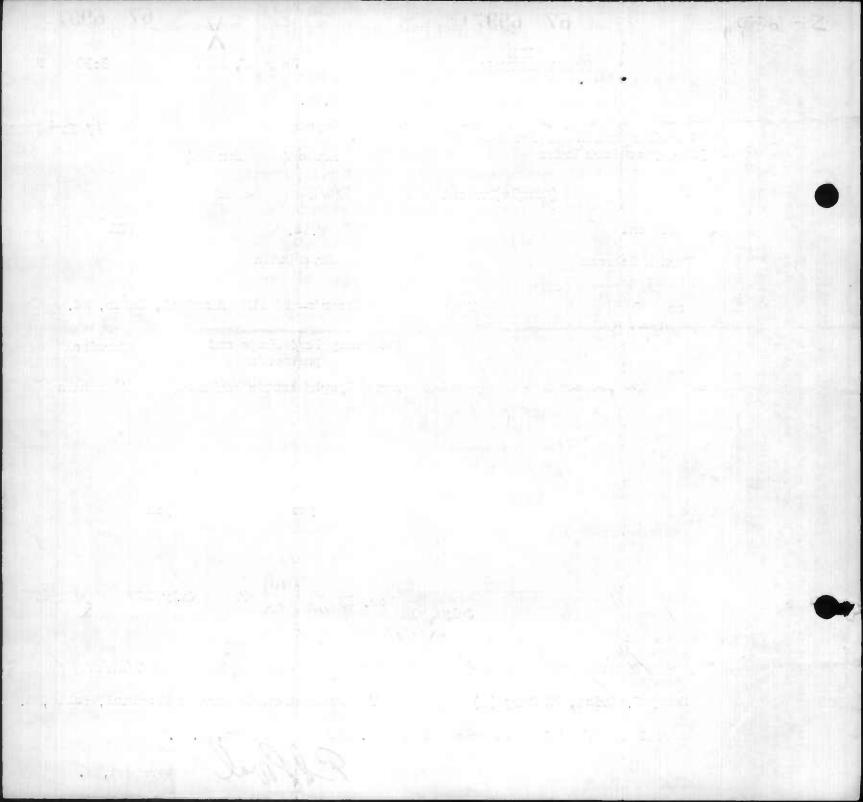
VS 150-REV. 1/1/65

24A. BURIAL CREMATION.

REMOVAL (Specify) Burial



		67	699	7	Y HEALTH DEPARTMENT	17	67	6997		
	TH NO. E. CASE NO.	01	000	" CERTIFICA	ATE OF DEATH	Registered No		0001		
1. N	IAME OF DECEA	MARY/S	YNN CHRAM	4		ND HOUR OF DEATH		3:30	P M	
3.	PLACE OF DEATH	IN BALTIMORE MARYL			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A, STATE B, COUNTY					
	FULL NAME OF	(If not in hospital or in address or location)	nstitution, g	ive street	W.Va.					
US Public Health Service Hospital 3100 Wyman Park Drive					Keyser	orside only minus, write is	1/	-1-6		
					D. STREET ADDRESS (If rurol, give location) Route 4 Box 154					
F (Single) tudent					B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.					
10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Student					W. Va.	eign country)	12. CITIZE WHAT US	COUNTRY?		
13.	Vernon Vernon				14. MOTHERS MAIDEN NAME Erma Davis					
	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS					
	no			None	Records- US	PHS Hospital	l, Bal	to, Md.		
	18.204	.31		CAUSE	OF DEATH			TERVAL BETWE		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pu			lmonary hemorrhage and			erminal			
	(This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION tost.				pneumonia ute lymphoblastic leukemia			months	000000000000000000000000000000000000000	
TION	TO THE DEA	CANT CONDITIONS CON LITH BUT NOT RELATED CONDITION CAUSING IT.						. 1		
ERTIFICATION		PERATION 198. CONDITI		VHICH OPERATION	20A-AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YOS YOS					
AL C	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)				in or obout 21C. WHERE DID			exact locations		
MEDIC	OF INITION				IJURY OCCUR?					
	22. I certify that (V) (this hospital) attended the deceased from Mar. 13 1967 to July 18 19 67									
	that (1) (we) last saw the deceased alive an July 18 19 67 and that in (m/) (aur) opinion death accurred an the date									
	and haur and from the causes stated above. (1) (We) (did) (stip hot) view the body after death.									
	23A. SIGNATURE M.D. Atte				238. DATE SIGNED					
Phys. Director Phys. 4							7/1	9/67		
	Page (Type) Henry S. Crost, SA Surg (R) M.D. WS Public Health Service Hospital, Balto, Md.									
24		ATION, 24B. DATE	24C. NA	omac Valley	REMATORY 24D.		ty, town, or		(Stote)	
254	A. DATE REC'D B			E talenna	25C. EUNEDAL GIRECTO	R	ernpor	ADDRESS		
110	150-DEV 1/1/65					/				



FUNERAL DIRECTOR: IMPORTANT

Registered Na. pital and of death Deceased Such 0 M.E. CASE NO.

1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH uo hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance B. COUNTY cause; (5) CGUSO FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) OR RURAL and give township) attend 0 O .= prior D. STREET contributing occurred 33 Undetermined is made. regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. eceased DIVORCED (specify) WIDOWED. Hours 30 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY final disposition death 18 10 ŏ MOS 13. FATHER'S NAME direct 4 eath O kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS 7. INFORMAN (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO attendance ŏ any CAUSE OF DEATH pronounced or INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, of embalmed LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., DUE TO heart loilure, osthenio, etc. It means the disease, the chief medical examiner regular injury or complication which coused death.) ANTECEDENT CAUSES who DUE TO Gre DISEASES OR CONDITIONS, if ony, to the obove couse (A) stoling the 3 physician UNDERLYING CONDITION lost. the remains Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19 A. DATE OF OPERATION 0 0 WAS PERFORMED before by OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (2) ere (If in Bottimore City, give exact location) to the hospital °Z DEATH (notify medical examiner) etc.) nature; 6 3 MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX) Work Al Work and any 22. I certify that (I) (this hospital) attended the deceased fram death); that (I) (we) last saw the deceased alive an... and that In(my) (aur) apinian death accurred an the date of hospital and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. must accident 23A, SIGNATURE 23 B, DATE SIGNED must Attending M.D. Med Stoff 40 Phys. Phys. Director approval 0 23C. PHYSICIAN 23 D. ADDRESS prior certificate Was to o NAME (Type An M.D 01 0 4 D.O.A. eceased 24A. BURIAL CREMATION, 248, DATE NAME OF CEMETERY OF CREMATORY (Stote) the body REMOVAL (Specify) shows: SID 25A. DATE RECENTLY HEALTH 23G. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

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	C'7 17000 BALTIMORE CITY HEALT	H DEPARTMENT								
0	BIRTH NO. 67 7000 CERTIFICATE C	OF DEATH Registered No. b/ 1000								
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) To the control of the contro	2. DATE AND HOUR OF DEATH								
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USU	AL RESIDENCE (Where deceosed lived. If institution: residence before admission) B. COUNTY								
	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)								
	1/ Mordobello D. STR	D. STREET ADDRESS (If rurol, give location) 324 S. Mount Street								
200	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Norths: Doys Hours Min,								
2 10	done during most of working lile, even if retired)	Baltimare 12. CITIZEN OF WHAT COUNTRY? U. S.								
posit	SALESTADY SUPER MARKETS. 13. FATHERS NAME 14. MO 17. T.	14. MOTHER'S MAIDEN NAME								
200	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECOLITY NO.	DRMAN Elizabeth Klear ADDRESS								
	NO NONE 210-7573/4/									
ופמ	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	iroma-rectal /yr?								
וויים	(This does not mean the mode of dying, g., a heart failure, asthenia, etc. It means the disease, a injury or complication which caused death.)									
are er	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving the conditions of the cond									
GIUS	UNDERLYING CONDITION lost.									
Len	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Rhip Dec 65								
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	AUTOPSY? (Yes or Wo) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
Detor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg	1121 C. WHERE DID (If in Boltimore City, give exact location) INJURY OCCUR? 324 S. Mount Street								
Ded	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.) Dec 65 While At At Work At Work	21F. HOW DID INJURY OCCUP? ?— Lell.								
e obto	22. I certify that (I) (this hospital) attended the deceased from 4/27 1967 that (I) (we) last sow the deceased alive on 7/22 1967 and that in (my) (our) opinion death occurred on the date									
٥	ond haur ond from the couses stoted obove. (1) (we) (did) (did nat) view the bady after deoth.									
	ond hour ond from the couses stoted obove. (I) (We) (did) (did nat) view the 23A. SIGNATURE Attending Phys.	Med. Stoff Phys. S 7/22/67								
approval	23C. PHYSICIAN'S NAME (Type) Robert W Ireland M.D.	Montebello State Hospital								
0.0	REMOVAL (Specify)									
rirre	BURIAL 1-266/ NEW CATHEDRA	EUNERAL DIRECTOR AL HYVERAL OFFIEE								
*	JUL 24 1967 R. C. B. E. Fallowna 7	noncis W miller 2 101 Hudench live								
	(TO 100-RE 7: 1/1/00									

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